

Student Renewal Transfer Application

Transfer Application is: **Renewal** Transfer request for: **2021-2022 School Year**

Student Name: _____ Date: _____

First Primary Guardian's Name: _____

Address: _____

Work Place: _____ Work Phone Number: _____

Home Phone Number: _____ Cell Phone Number: _____

Second Primary Guardian's Name: _____

Address: _____

Work Place: _____ Work Phone Number: _____

Home Phone Number: _____ Cell Phone Number: _____

School district where student resides: _____

In determining whether a student who resides in another school district will be permitted to enroll in District schools, the following factors will be considered:

1. The grade level, class, or program requirements of the student seeking admission and the effect of additional students in that grade or program on class size, staffing, and facilities.
2. The academic record of the student seeking admission including:
 - a. Passing scores on state-mandated assessments, including those required in a student's individualized education program (IEP); and
3. If known, the parents' compliance with reasonable District and campus requirements and compliance with District policy.

A transfer agreement shall be in effect for **one** regular school year only, and admission may be revoked as described herein. Acceptance of a transfer student in one school year creates no right or expectation that a student will be admitted as a transfer student in subsequent years. Admission of one student in a family as a transfer student creates no right or expectation that another student from the same family will be admitted as a transfer. Transfer approval decisions are made on a student-by-student basis according to the factors and restrictions noted above.

A student whose status as a transfer is revoked for any reason shall not be eligible for subsequent admission under a power of attorney.

I understand and agree that my student does not reside within the boundaries of Southland Independent School District and must apply yearly for a transfer in order to attend school in SISD. I am aware that if the transfer application is not approved/renewed, my child must attend school in the district in which he or she resides or in a private/home school. I understand that my student may be denied admission based on the effect of the student's admission on the District's compliance with special program requirements and restrictions, excessive absences

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(full or partial days), failure of classes or STAAR test, disciplinary issues, and failure to follow school rules and school board policies. Transfers may be revoked for any of these same issues.

I understand that my student must follow all school rules and school board policies.

I certify I am the parent or court-appointed legal guardian and all the information given is true and accurate to the best of my knowledge. If transfer is granted on false information, it is subject to revocation.

Parent/Guardian Signature:

Date:

Lack of performance on state assessments_____

District compliance with special program requirements_____

Other _____

Transfer is Accepted _____

Transfer is Accepted for _____ Probationary Period

Transfer is Denied _____

Administrator Signature:_____