| OFFICE USE ONLY: | Date Received | Effective Date |
|------------------|---------------|----------------|
| | | |

Boyd I. S. D. Application for Interdistrict Transfer

(Transfer from another District to Boyd I. S. D.) For School Year: 2018-2019

This application must be completed and approved prior to enrollment in Boyd ISD.

This application is to be completed by a parent/guardian requesting a transfer and submitted to the Administration Office, accompanied by the following documents:

1) student's transcript;

RETURNING STUDENTS ARE NOT REQUIRED

2) current report card;

TO SUBMIT THIS INFORMATION

- 3) most current test scores;
- 4) attendance report;
- 5) discipline report.

| Student Information | | | | | | | |
|--|---------------------------------|---------------|------------------|--|--|--|--|
| Student's Name: Last | | First | Middle | | | | |
| Current Grade | Grade for 2018-2019 school year | Student's Age | Date of Birth | | | | |
| Current Mailing Address: | | City | Zip | | | | |
| Current Physical Address: | | City | Zip | | | | |
| | | City | _ | | | | |
| Name of Parents/Guardians | | | Telephone Number | | | | |
| Transfer from: District of Current Residence Name of Campus of Current Residence | | | | | | | |
| | | | | | | | |
| Has your child ever been retained? Yes No If yes, what grade? | | | | | | | |
| Special Services being provided at current school (Special Education, Section 504, G/T, ESL, Bilingual, Etc.) include: | | | | | | | |
| If the student is a Boyd ISD employee's child, provide employee's name and workplace | | | | | | | |
| | | | | | | | |
| Does child have siblings currently enrolled in Boyd ISD? If yes, please list names and grade levels | | | | | | | |
| | | | | | | | |
| Does child have siblings applying for transfer to Boyd ISD? If yes, please list names and grade levels | | | | | | | |
| 2505 cilid liave stollings applying for durister to 257d 152. If yes, preuse list harles and grade tevers | | | | | | | |
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Note: Approval of an interdistrict transfer does not guarantee UIL Varsity athletic eligibility. Contact the District's Athletic Department to discuss eligibility.

This request is made with the full understanding of and agreement to the following:

- 1. Transportation is to be provided by the parent/guardian to the student.
- 2. The transfer, once approved, shall remain in effect as long as the student meets eligibility criteria as refereed to in the application.
- 3. Transfer students must abide by the Discipline Management Plan and Student Code of Conduct. A transfer may be denied or revoked for serious or persistent misconduct or any offense mandating a DAEP or JJAEP placement; failure to meet academic standards; a documented pattern of late arrivals, late pickups, and or for poor attendance.
- 4. Any falsification of information shall cause the application to be denied and/or revoked in addition, falsification of documents or records is a criminal offense under Section 37.10 Penal Code, and subjects the person to liability for tuition or costs under Section 25.001(h), Texas Education Code.

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| | For purpose of participating in extra-curricular activities | | | | | |
|---|---|---|-----------|------------------------------|--|--|
| | Falsification of inform | nation | | | | |
| | Failure to meet deadli | nes | | | | |
| | Failure to meet district criteria for transfer | | | | | |
| | Low grades or failure | to meet minimum standards on TAKS/S' | TAAR test | t | | |
| | | | | | | |
| L | | Reasons for Revocation | | | | |
| | _ | asfer shall include, but not be limited to: | | | | |
| L | All of the reasons listed above for denial. | | | | | |
| | | | | | | |
| Parent/Guardian Acknowledgement | | | | | | |
| In signing this form, I, the parent/guardian of the above-named student, confirm that I have read and understand the information listed on this form and that the information provided is accurate in | | | | | | |
| requesting this transfer. Parent/Guardian Signature | | | Date | | | |
| | | | | | | |
| L | | | | | | |
| DO NOT WRITE BELOW THIS POINT | | | | | | |
| | | | | | | |
| | | For office use only | | | | |
| | Transfer Request: Approved Denied | Signature of Committee Chair | | Date | | |
| | Comments | | | | | |
| | | | | | | |
| | | | | | | |
| | | For office use only | | | | |
| | Transfer Request: Approved Denied | Signature of Superintendent | | Date | | |
| F | Comments | <u> </u> | | Date of Written Confirmation | | |
| | | | | | | |
| | | | | | | |

Reasons for Denial

Overcrowded condition at receiving campus or requires employment of additional staff Record of poor attendance, late arrivals, late pickups, and/or disciplinary infractions.

Reasons for denial shall include, but not be limited to:

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