

Thrall ISD Inter-District Application for Transfer (New Transfer)

Application Year: 2019-2020

Student's Name: _____ Grade: _____
Student's Date of Birth: _____ SSN: _____
Parent/Guardian Name: _____
Home Phone: _____ Cell Phone _____ Work Phone: _____
Street Address: _____
City, State & Zip: _____

Is student receiving services in a bilingual or special program? If yes, please specify _____
School District and Campus Name for your home address: _____
Name of School last attended (if different from above): _____

Attach Copies of:

- Report Card/Progress Report or Withdrawal Form w/Grades
- Attendance Record
- TAKS/STAAR Scores, if applicable
- Discipline Record

THIS REQUEST FOR AN INTER-DISTRICT REASSIGNMENT IS MADE WITH A FULL UNDERSTANDING OF/AND AGREEMENT TO THE FOLLOWING CONDITIONS:

INITIAL ACCEPTANCE OF NEW STUDENT TRANSFERS:

1. Transfers must have passed all courses the previous year;
2. Transfers must have passed all areas of the state assessment tests or equivalent grade level test;
3. Transfers must have good discipline records (determined by Campus Principal);
4. Transfers must have had at least 95% attendance the prior year if they attended school;
5. Transfers will be made subject to space being available in the student's grade level; and
6. Parents agree to provide transportation to and from school at their own expense.

ACADEMIC MAINTENANCE OF EFFORT (AMOE)—All grades for student transfers:

1. Pass all courses; and
2. Pass all STAAR or equivalent grade level test (benchmarks);
3. Students failing to meet the AMOE will be placed on academic probation the following year. The campus principal will determine what the plan of action will be during the probationary year. If the student fails to meet the probation plan of action, they will be sent back to their home district.

DISCIPLINE MAINTENANCE OF EFFORT (DMOE)— All grades for student transfers:

1. Maintains good attendance (95% - includes tardies – 3 tardies equal 1 absence) – failure will result in revocation of transfer at any point during the year; and
2. Must have good discipline records (determined by campus principal)—failure will result in revocation of transfer at any point during the year; and
3. **Any placement into DAEP will result in automatic and immediate revocation of transfer; student will be required to enroll in their sending district.**

STUDENT TRANSFER REGULATION (Approved by Board August 2011 and Revised May 2019)

Thrall ISD continues to welcome the transfer students that choose to be a part of this district. The district expects transfers to add to the quality of the present student body. Therefore, the Board of Trustees sets in place this regulation in order to ensure the quality is not met only at the entry level but maintained throughout the transfer's stay in the Thrall Independent School District. The Board will honor statements made in past policies concerning grandfather

clauses. However, it is to be noted that there were some exceptions made even for those grandfathered under prior policies. This new policy will include all transfer students and explain how the revocation policy will work. (See AMOE and DMOE Requirements above)

I, the Parent/Guardian of the above named child, have read and understand the board regulation and the conditions as stated herein for inter-District transfers. I have been informed of the Thrall ISD maintenance of effort criteria concerning attendance, discipline and academic issues on nonresident students, and I accept responsibility for my child. I agree to provide transportation to and from school for my child and I agree that my child will abide by all school rules and regulations.

The Superintendent is authorized to accept or reject any transfer requests, provided that such action is without regard to race, religion, color, sex, disability, national origin, or ancestral language. Refer to Policy FDA Local.

Signature: _____ **Date:** _____

For Staff Use Only

Date Received: _____ **Initial:** _____

Approved _____ **Denied** _____

Principal Signature _____ **Date:** _____

Superintendent Signature _____ **Date:** _____

***Please return your completed form and supporting documentation to
Thrall ISD Administration Office, 201 S. Bounds St., Thrall, TX 76578.***