

# IN-DISTRICT TRANSFER REQUEST FOR SAN ANGELO ISD SCHOOL YEAR 2016-2017

**Fill out form completely; forms that are missing information requested will not be processed.**

DATE: \_\_\_\_\_

STUDENT'S NAME: \_\_\_\_\_ GRADE LEVEL IN 2016-2017: \_\_\_\_\_

STUDENT'S SOCIAL SECURITY NUMBER OR Student ID NUMBER : \_\_\_\_\_

STUDENT'S ETHNICITY: (ANGLO, HISPANIC, AFRICAN-AMERICAN, OTHER) \_\_\_\_\_

THE CAMPUS AREA I LIVE IN IS: \_\_\_\_\_

**I WANT MY CHILD TRANSFERRED TO:** \_\_\_\_\_

LAST SCHOOL ATTENDED: \_\_\_\_\_

REASON I AM REQUESTING THE TRANSFER: (check one)

SAISD Employee \_\_\_\_\_ Where \_\_\_\_\_ Minority \_\_\_\_\_ Curriculum \_\_\_\_\_

School Safety Choice Option \_\_\_\_\_ Campus accountability rating \_\_\_\_\_

Bullying Victim \_\_\_\_\_ (NARRATIVE OF EXPLANATION MUST BE ATTACHED)

Administrative Placement \_\_\_\_\_ (NARRATIVE OF EXPLANATION MUST BE ATTACHED)

Name, grade and school of other children enrolled in SAISD 2016-2017 school year:

Name	Grade	School

**I have read and understand the statement on the back of this form regarding District guidelines in granting in-district transfer requests.**

\_\_\_\_\_  
PARENT/GUARDIAN PRINT NAME

\_\_\_\_\_  
HOME STREET ADDRESS ZIP CODE  
(PLEASE DO NOT USE PO BOX NUMBERS)

\_\_\_\_\_  
SIGNATURE PARENT/GUARDIAN

Home Phone: \_\_\_\_\_

Work: \_\_\_\_\_ Cell: \_\_\_\_\_

## FOR OFFICE USE ONLY :

APPROVED: \_\_\_\_\_ DATE: \_\_\_\_\_ COMMITTEE DECISION: \_\_\_\_\_ ENDORSED: \_\_\_\_\_ DENIED: \_\_\_\_\_ DATE: \_\_\_\_\_

ELIGIBLE: \_\_\_\_\_ DATE: \_\_\_\_\_ DENIED BY PRINCIPAL: \_\_\_\_\_ DISCIPLINE: \_\_\_\_\_

NTN: \_\_\_\_\_ DATE: \_\_\_\_\_ ACADEMIC PERFORMANCE: \_\_\_\_\_

FEEDER PATTERN: \_\_\_\_\_ DATE: \_\_\_\_\_ ATTENDANCE: \_\_\_\_\_

PARENT NOTIFIED: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDITIONAL NOTATIONS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# IN-DISTRICT STUDENT TRANSFERS FOR 2016-2017

## DISTRICT GUIDELINES

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The staff of the San Angelo ISD endeavors at all times to make decisions that are beneficial to both the student and the schools. Every student transfer request cannot be granted. However, each request will receive individual attention. Please note if the transfer can be granted, it is only approved for the 2016-2017 school year. **Bus transportation is not provided for transfer students.**

**There must be available space at the requested campus.** SAISD has district and state guidelines for the number of pupils per teacher on each campus. A transfer will not be granted if the transfer would increase the classroom size beyond the state/district guidelines.

**All transfer students must have a Transfer Probation Agreement on file. The standards on this agreement must be met and maintained in order to be eligible as a transfer student.**

Transfer requests will not be granted if the result will perpetuate segregation or impede integration. All transfers are subject to approval by the United States Department of Health, Education, and Welfare in compliance with the Civil Rights Act of 1964. Transfers between campuses within the district may be requested **only** for the following reasons:

1. **(Employee)** - To allow employees of the district to request a transfer for their student.
2. **(Minority)** - To permit any student to transfer from a campus where his or her racial or ethnic group is the majority at that campus to any campus in the District where his or her racial or ethnic group is a minority at the campus
3. **(Curriculum)** - To allow students to register for subjects offered at one campus that are not available in the school of resident area.
4. **(Administrative Placement)** - To allow students to be granted a transfer under special circumstances at the discretion of the superintendent or designee.
5. **(School Safety Choice Option)** - To allow a student that qualifies under the School Safety Choice Option of No Child Left Behind the option of transferring out of the resident campus.
6. **(Bullying Victim)** - To allow a transfer to a student who has been determined by the district to be a victim of bullying. TEC 25.0341
7. **(Campus accountability rating)** - To allow a student a transfer from their home campus based on the campus accountability rating. TEC 29.202

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**Fill out a Transfer Request Form for each student request. After completing the transfer request form, return it to the Director of Student Services Office at the Administration Building, 1621 University Ave. Application must be hand delivered.**

The parent/guardian will be contacted by mail or by phone, if the transfer is granted. For any questions, call 947-3838 ext 171.

Revised 03-03-16