

IN-DISTRICT TRANSFER REQUEST FOR SAN ANGELO ISD SCHOOL YEAR 2018-2019

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

DATE: _____

STUDENT'S NAME: _____ GRADE LEVEL IN 2018-2019: _____

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 in SAISD? _____ 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 2018-2019 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: _____

EMAIL: _____

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: _____

SAISD Extra-Curricular Transfers: Beginning in the Fall of 2017, a San Angelo ISD student's residency for extra-curricular eligibility will be determined based upon the campus the student enters or has entered during his or her 9th grade year. That campus will be considered the student's home campus. If a student wishes to transfer from one high school to another in SAISD and continues to reside in the same attendance zone, the student will not be eligible to participate in athletics for the remainder of the time that he or she is in high school.

*******Therefore, if a student desires to live in one attendance zone and transfers to the other, he or she will not be eligible for UIL activities.**

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 **2018-2019** 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

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 May 2018