EUSTACE INDEPENDENT SCHOOL DISTRICT
REQUEST FOR STUDENT TRANSFER

Dear Parent/Guardian, Date:_____

Students requesting transfer _____

We are honored that you are requesting a transfer for your student(s) to attend Eustace ISD. We pride ourselves in providing a challenging, caring, and safe learning environment. Please complete these forms so that we may process your request.

_____ I understand that I am responsible for the transportation of my students(s) to and from school
(Please Initial) each day. Transportation is not guaranteed and may only be available on prior approval based on availability.

_____ I understand that a new transfer form must be approved prior to attendance each school year.
(Please Initial)

_____I understand that Eustace ISD has a right to deny or revoke a transfer due to attendance,
(Please Initial) behavior, discipline, or grades.

_____I understand that a new student transfer request can be submitted but may not be guaranteed. If
(Please Initial) the transfer application is not approved will then it be added to a transfer waiting list.

_____ I have read the following information regarding UIL Eligibility:
(Please Initial)

If a student transfers to a different high school after beginning the freshman year, he/she is NOT eligible to participate in any UIL Varsity activity until he/she has been enrolled in and regularly attended that school for a minimum of one calendar year or as determined by District UIL Eligibility Committee. UIL Varsity activities will include all varsity athletics, extra-curricular teams and squads, marching/concert band contest, choir competitions, academic competitions and solo/ensemble competitions. If a change of residence is made, the student will not be eligible to participate in any UIL Varsity activity until he/she has been enrolled in and regularly attended classes at that school for fifteen (15) calendar days. All issues of eligibility are subject to UIL authority and District regulations.

1. Has any student requesting this transfer been suspended, placed in an alternative education program, or have a disciplinary record for violating school regulations? ____Yes ____No If, yes, please explain:
_____

2. Are you requesting this transfer for any student to avoid disciplinary action from your present district?
____Yes ____No If, yes, please explain: _____
_____

3. Does any student requesting this transfer currently receive special services, such as speech, or academic support as outlined by an Individualized Education Program (IEP), a Behavior Intervention Plan (BIP), Section 504, or have any pertinent information pending?
____Yes ____No If, yes, please explain: _____
_____

I verify that the above information is factual, and that any misrepresentation of this information may result in denial of this request or immediate revocation of an approved transfer. I understand that failure to abide by the District's Code of Conduct, state attendance requirements, or to promptly pay any financial obligations owed to the District, such as school lunches, lost, damaged or destroyed school property, may result in immediate revocation of this transfer.

_____ _____
Signature of Parent/Guardian Date

Attached is: ____Most recent report card _____Attendance and Discipline ____HS transcript (if applicable)

 ** **PLEASE COMPLETE REVERSE SIDE** **

 REQUEST FOR STUDENT TRANSFER – EUSTACE ISD

Briefly provide us information for the reason you are requesting this transfer and any additional educational information relevant to any student requesting this transfer:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____Thank you.

Texas Education Agency

Division of Equal Education Opportunity

Application for Transfer

EUSTACE ISD CURRENTLY ONLY CONSIDERS STUDENT TRANSFERS ON A SEMESTER BY SEMESTER BASIS

Authority for Data Collection: **Texas Education Code 21.061; Civil Action 5281, Section A**
Planned Use of Data: **To complete the report required by Federal Court Order Civil Action 5281**

Instructions: **This form must be used for all student transfers, within the State of Texas, including hardship. The superintendent of the receiving district must circle approved or not approved and sign the transfer form. For further information, contact the Division of Equal Opportunity at (512) 463-9671.**

Student's Name	Current District of Enrollment	Grade 23/24	Eustace ISD Campus	Student's Birthday MM/DD/YYYY

THIS SECTION MUST BE COMPLETED BY PARENT OR GUARDIAN

I have been informed of the receiving district's policy concerning tuition charges, if any, for a transferred student whose grade is taught in the student's district of residence; and I accept responsibility for the payment of tuition.

Are you a district employee? YES NO

Printed (Parent/Guardian's) Name | **Parent/Guardian's Signature** | **(Area Code) Phone Number**

Street Address | **City** | **State** | **Zip** | **District You Currently Live In**

THIS SECTION MUST BE COMPLETED BY THE RECEIVING DISTRICT SUPERINTENDENT

SEMESTER 1 (Aug. 15,2023 thru Dec 20, 2023) ___ Approved ___ Not Approved **SEMESTER 2 (Jan 9, 2024, thru May 23, 2024) ___ Approved ___ Not Approved**

Superintendent | **Date** | **903-425-5151 Phone**