

Application for Transfer
From Outside of Elgin ISD
2010-2011

Please print and attach proof of residence:

Student's Legal Name: _____ Social Security #: _____

Grade Student will be in 2010-2011: _____ **EISD** School Student Wishes to Attend: _____

Name of **School** Student Should Attend (example: McDade Elementary): _____

Name of **District** Student Should Attend (example: Coupland ISD): _____

I have been informed of the Elgin ISD policy regarding tuition for a transferred student whose grade is taught in the student's district of residence and I accept responsibility for the payment of tuition. Transfers are available as space allows. A transfer may be **denied** if any of the following exists:

- Receiving school becomes potentially overcrowded.
- Either the sending or receiving district disagrees with the transfer.
- The parent/guardian cannot furnish transportation.

A transfer may be **revoked** if the following conditions can no longer be met. Parent must agree to all conditions by initialing each and signing below.

_____ I understand that I am responsible for delivering my child to school on time and for picking up my child as soon as the school day is completed. If I do not keep this commitment, my child will be transferred back to the home campus.

_____ I understand that if the campus becomes overcrowded, my child will be subject to transfer back to the home campus.

_____ I understand that if my child becomes a discipline problem my child will be transferred back to the home campus.

_____ I understand that I am responsible for tuition charges, if any, to be paid prior to the start of the semester or my child will be transferred back to the home campus.

_____ I understand that I must reapply and meet the necessary conditions annually.

To be eligible for enrollment in this district I agree that my child will abide by all school rules, regulations and attendance policies.

Parent Signature: _____ Printed Name: _____

Street Address: _____ City & Zip: _____

Daytime Phone #: _____ Date: _____

EISD Employee: YES NO Campus of Employment _____

Authority for Data Collection: Civil Action 5281, Section A. **Planned Use of the Data:** Administration of the transfer laws, rules and regulations.

<input type="checkbox"/> Approved <input type="checkbox"/> Denied		Date:
Tuition: <input type="checkbox"/> Yes <input type="checkbox"/> No	Paid:	