ELGIN INDEPENDENT SCHOOL DISTRICT

Out of District Transfer Application

2021-2022

(Transfer Applications will not be accepted until they contain *ALL* required documentation.)
Please mail to Elgin ISD, 1002 N Ave C, Elgin, TX 78621, ATTN: Sherilyn Kisamore
or email to sherilyn.kisamore@elginisd.net

☐ **EISD Non-Resident** ☐ **EISD Employee** **Campus / Department Employed:** _____

STUDENT INFORMATION (Complete One Application per Student)

Student's Name: _____ **Gender:** ☐ **M** ☐ **F** **Date of Birth**: _____

Transfer Requested Grade Level: _____

EISD Elementary Campus Requested: ☐ **BTW Elem.** (Grades K-4) ☐ **Elgin Elem.** (Grades PK-4) ☐ **Neidig Elem.** (Grades K-4) ☐ **Any Elem. Campus**

EISD Secondary Campus Requested: ☐ **Elgin Int. School** (Grades 5-6) ☐ **Elgin Middle School** (Grades 7-8) ☐ **Elgin High School** (Grades 9-12)

Reason for Transfer Request: _____

_____

Based on permanent address, name of campus child would attend: _____ **District:** _____

PARENT/GUARDIAN INFORMATION

Parent/Guardian Name: _____ Email Address: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Required Documents (must be attached with application):

1. Most recent report card or transcript including state assessment results (STAAR or EOC)
2. Official documentation of satisfactory attendance and discipline
3. Special programs documentation from current school
4. Will the student be involved in UIL/extracurricular activities?
   ____Yes____No

Special Services currently receiving:

☐ **Bilingual** ☐ **ESL** ☐ **504** ☐ **Dyslexia**
☐ **Speech** ☐ **Sp. Ed.** ☐ **G/T**
☐ **Other** _____

Siblings (list siblings, grade and campus they attend): _____

_____

SIGNATURES

I understand that, if approved, the transfer is granted conditionally based on the following criteria: program availability, discipline history, academic performance, and attendance (including tardies). The transfer may be revoked based on Board Policy FDA (Local), to the extent permitted by law. It is effective for one school year only and application must be made each year. I understand that transportation to and from the requested school is my responsibility. I understand that I must work collaboratively with the EISD Staff regarding my child. I understand that approval may be denied if there is insufficient space in the appropriate grade level or it would require the hiring of additional personnel. I understand that falsification of information is a Class A Misdemeanor which can lead to legal action and will result in revocation of the transfer. I have read and understand the District policy on out-of-district transfers. I agree to abide by all rules and regulations set forth in this policy.

Parent / Guardian Signature _____ Date _____

Elgin ISD use only

☐ **Approved**
☐ **Denied**

Deputy Superintendent's Signature: _____ Date: _____
Reason for Denial: 1. Grades 2. Attendance 3. Additional Staff Required 4. Discipline 5. Space Availability

Date Parent/Guardian Notified: _____ ☐ Letter ☐ Phone **Campus ID of Residence # (TxEIS):** _____