

2018-2019
OUT-OF-DISTRICT TRANSFER APPLICATION

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|---|
| For Office Use Only ____ Employee's Student ____ Grandparent Clause ____ Open Enrollment |
|---|

Printed Student Name _____ Date of Birth _____

Gender Male Female

| Requested PISD Campus | Student's 2018-2019 Grade Level |
|--------------------------------|---------------------------------|
| | |
| Student's Zoned District | Student's Zoned Campus |
| | |
| District Student Last Attended | Campus Student Last Attended |
| | |

Printed Parent/Guardian's Information

First Name: _____ Last Name: _____

Relationship to Student: _____

Street Address: _____

City, State, Zip Code: _____

Home Phone: _____ Cell Phone: _____

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| <p>GRANDPARENT CLAUSE: If enrolling under the Grandparent Clause, the grandparent's address determines the school the student is eligible to attend. The parent must complete the transfer application in Student Services and enroll the child at the campus. Both the parent and grandparent must provide two proofs of residence with this application.</p> <p>____ Parent's initials (only if enrolling under the Grandparent Clause)</p> |
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Please read the following sections carefully.

DAEP ASSIGNMENT

My child was enrolled, attended or was assigned to a disciplinary alternative education program (DAEP) during the most recent school year and/or previous school year.

Yes No

If you answered yes, please describe the behavior that resulted in assignment to a DAEP.

SPECIAL SERVICES

My child received the following services at his/her most recent school and/or the previous school year.

| YES | NO | |
|-----|----|--------------------------------------|
| | | Bilingual |
| | | English as a Second Language Program |
| | | Dyslexia Program |
| | | Gifted/Talented Program |
| | | Prekindergarten |
| | | Section 504 Placement |
| | | RTI Behavior |

Special Education

| YES | NO | |
|-----|----|----------|
| | | Speech |
| | | Academic |
| | | Behavior |
| | | Other |

If you answered YES to any of the above Special Education services, please describe.

IF YOUR CHILD RECEIVED SPECIAL EDUCATION SERVICES, ATTACH A COPY OF THE MOST RECENT ARD DOCUMENT.

If you checked YES for the services above, please complete the following, and provide school records describing the nature of the services received in the most recent school year and in the previous school year.

Current School or District: _____

Address: _____

City, State, Zip Code: _____

Contact Person: _____

Pasadena Independent School District
Out-of-District Transfer Agreement
2018-19

A transfer that would limit the educational opportunities of resident students shall not be approved.

The Superintendent has the authority to accept or reject any transfer request, provided that such action is without regard to race, religion, color, sex, disability, or national origin.

Transportation shall not be provided for out-of-district transfer students.

REVOCATION The Superintendent has the authority to revoke out-of-district transfers as provided in the transfer agreement. Students who transfer into the District shall follow all rules and regulations of the District, including, but not limited to, District policies and regulations, the Student Code of Conduct, and attendance requirements. Failure to fulfill any of these responsibilities may result in the revocation of the transfer agreement.

Please initial the following:

- _____ I have included a copy of my child's report card, attendance record, discipline report, and ARD document (if applicable) for the previous school year.
- _____ I understand that, if approved, this request is granted conditionally on student behavior. This transfer can be revoked at any time including, but not limited to, during the school year, if my student engages in serious or persistent misbehavior that violates the Pasadena ISD Student Code of Conduct.
- _____ I understand that, if approved, this request is granted conditionally on attendance, including tardies. This transfer can be revoked at any time including, but not limited to, during the school year, if my student is truant, accumulates more than 10 absences and/or excessive tardies.
- _____ I understand that transportation to and from the assigned school is my responsibility.
- _____ I understand that I must apply annually for an out-of-district transfer for my child during the Open Enrollment Transfer period. Failure to do so will prevent my child from attending a Pasadena ISD school.
- _____ I understand that falsification of information is a Class A Misdemeanor, which can lead to legal action and will lead to revocation of this agreement.
- _____ I have received a copy of the UIL eligibility limitations regulating high school varsity athletics, academic competition, and music competition for nonresident transfers.
- _____ Once the student is enrolled in Pasadena ISD, I understand that Pasadena ISD must request records from my child's previous school. This transfer may be revoked if the records received contradict the information I provided with this application.

Parent/Guardian Signature

Date

For Employee Transfers Only

Lawson ID # _____

Employee Work Location _____

Job Title _____

GRANDPARENT CLAUSE:

I am the grandparent of the student. I do provide substantial care for the student before and/or after school.

 Grandparent's Signature

 Date

FOR DISTRICT USE ONLY

Student ID # _____

APPROVED

DENIED

Principal Signature

Date

APPROVED

DENIED

Superintendent Signature

Date

Applications should be turned in to Student Services in the PISD Administration Building, located at 1515 Cherrybrook Lane, Pasadena, TX 77502