

**2018-2019  
OUT-OF-DISTRICT TRANSFER APPLICATION**

For Office Use Only ____ Employee's Student ____ Grandparent Clause ____ Open Enrollment
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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: \_\_\_\_\_

<p><b>GRANDPARENT CLAUSE:</b> 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.

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## 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.

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**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**