



**APPLICATION FOR OUT OF DISTRICT TRANSFER
Pre-K through 12th Grade**

Incomplete applications will not be accepted.

Transfer approvals will be based on availability as it relates to staffing and projected enrollment. Approval for convenience is not a reason that will be considered.

Attached is the Calhoun County ISD Out of District Transfer Application. Please complete this form and return it to the Department of Student Services.

Students must meet the following criteria to be considered for transfer approval:

1. Have good prior attendance.
2. Have an 80 average in all subjects and have made acceptable academic progress.
3. Have an excellent conduct history.
4. Passed previous years STAAR/EOC testing in all areas.

If the transfer is approved, students must continue to meet these criteria to remain an Out of District transfer student in CCISD. The campus principal will notify the Assistant Superintendent at the Administration Office if concerns arise and the transfer will be reviewed for revocation. If a transfer is revoked the student's parent or guardian will be notified to withdraw the student and return to their home campus.

All out of district transfer applications will be considered on an individual basis. The guidelines below will be used to determine transfer approval and are in place to ensure consistency in our process.

- ❖ For first-time requests, applicants must provide documentation of grades, test scores, attendance records, discipline records and other requested records from previous school.
- ❖ Sibling Transfers – Sibling status will not guarantee transfer approval. Requests to transfer to attend school outside their attendance area with their sibling will be evaluated as all other requests and will not be given preference. Siblings must meet criteria for transfer eligibility.
- ❖ All out of district transfers must be approved by campus Administrators and Assistant Superintendent.
- ❖ Out of district transfers will not be accepted for the current school year after the first day of the last grading period.

Contact Briana Hardin, District PEIMS Supervisor at 361-552-9728 with any questions related to the application. This application will be reviewed by Ms. Kelly Taylor, Assistant Superintendent.

Calhoun County ISD

525 N. Commerce Street, Port Lavaca, Texas 77979 * 361-552-9728 * www.calcoisd.org

Application for Out of District Transfer 2023-2024 School Year

STUDENT INFORMATION

_____ New _____ Renewal Date of Application _____

Campus to which transfer is requested: _____

| | | | |
|--|--|------------------------|--|
| Student's Full Legal Name | | | |
| Social Security Number | | Date of Birth | |
| Physical Address <small>(street, city, zip)</small> | | | |
| Mailing Address <small>(street, POBox, city, zip)</small> | | | |
| Primary Phone Number | | Secondary Phone Number | |
| Student lives with | Mother _____ Father _____ Both _____ Other _____ <small>(if other, please provide name/relationship)</small> | | |
| Parent Email Address | | | |
| Father/Guardian <small>(Last, First)</small> | | | |
| Work Phone | | Cell Phone | |
| Mother/Guardian <small>(Last, First)</small> | | | |
| Work Phone | | Cell Phone | |
| TRANSFER REQUEST INFORMATION | | | |
| Grade level | | | |
| School District in which student resides | | | |
| Campus student would attend at home district | | | |
| Reason for transfer request, please answer completely | | | |
| | | | |
| In previous school year was student | <ul style="list-style-type: none"> • Placed in DAEP _____ Yes _____ No • Expelled _____ Yes _____ No • Charged for Truancy _____ Yes _____ No | | |

| | |
|--|-------------------------------|
| Any siblings attending CCISD (please list) | Name, Grade, Campus Attending |
|--|-------------------------------|

Please initial spaces below to verify expectations understood

1. Students must maintain an 80 average or above in each subject. Kindergarten students must be performing above the level needed for remedial assistance. _____
2. Students must have passed all STARR/EOC test taken in all areas. _____
3. Students must have no more than three (3) unexcused absences. _____
4. No more than three (3) late arrivals or early pickups are permitted. _____
5. Students must have an excellent conduct history and have no behavior concerns or pending discipline. _____
6. Parents/Guardians must be supportive of school decisions. _____

All transfer approvals are conditional. I understand that if the student identified herein shows a lack of academic progress, fails to meet behavior and attendance expectations, or repeatedly arrives late for school, the transfer may be immediately revoked by school officials and/or the transfer request may not be approved for the subsequent year. _____ (please initial)

(TEC) 25.001 (h-i) and 37.10 (penal Code) Any parent who knowingly falsifies information on a form required for enrollment is liable to the district if the student is not eligible but is enrolled on the basis of false information. The parent/guardian is liable for the period the student is enrolled for the greater of: (1) the maximum tuition fee the district may charge, or (2) the amount the district has budgeted per student as maintenance and operating expense.

As parent or guardian of (student name) _____

I have read the information contained in this document and understand that my request for an out of district transfer is based on the criteria listed on these pages. **Incomplete applications will not be reviewed. This application will be considered incomplete if any fields are left blank.**

Parent or Guardian Name (Printed)

Parent or Guardian Signature Date

| FOR DISTRICT OFFICE USE ONLY | | |
|---|---------------|--------------|
| This transfer was approved/disapproved on this _____ day of _____, 20____ | | |
| _____ Assistant Superintendent/Designee | _____ Date | 361-552-9728 |