



2019-2020

Student Transfer Request Form

New Applicant

Renewal

Please review the Summary of Intra-District Transfer Conditions then complete this form completely and legibly. **Incomplete applications will not be processed.** For questions or comments, call (903)262-1017.

Application Deadline – March 1st each school year or within 30 days of relocating to Smith County.

REASON FOR TRANSFER REQUEST (Select One):

Intra –District Transfer

Child of District Employee

Out-of-District Residence

STUDENT INFORMATION

Last Name _____ First Name _____ MI _____ DOB (MM DD YY) _____ Current Grade _____ Next Year Grade _____

Resident Address: _____ TX _____
Street and Apt. # _____ City _____ Zip Code _____

Ethnicity (Required by TEA): American Indian/Alaskan Native _____ Asian/Pacific Islander _____ Black, not Hispanic _____ Hispanic _____ White _____

PARENT/LEGAL GUARDIAN INFORMATION

Name(s): _____ Relationship to Student: _____

Resident Address: _____ TX _____
Street and Apt. # _____ City _____ Zip Code _____

Telephone Contact: Home: _____ Work: _____ Cell: _____

If Intra-District or Child of In-District Employee

Campus of Residence _____ Campus Requested _____

If Out-of-District – School District of Residence: _____ Campus of Residence: _____

Requested School: _____

Tyler ISD Student ID Number: _____ TEA: Residence District Number: _____ Residence Campus Number: _____

If Change of Residence During Semester – Current TISD School: _____

If Residence Purchased in District (attach proof of purchase.) – TISD School: _____

New Address: _____ Date of Completion/Occupancy: _____

ADDITIONAL STUDENT INFORMATION

- Last school of enrollment for 2018-2019 _____
- Will the student be involved in UIL/Extracurricular activities? Yes No
- Is the student receiving Special Education services? Yes No
- Is the student ESL? Yes No
- Is the student 504? Yes No
- Is this the student of a district employee? Yes No

For District employees only:

****Only contract employees will be considered for employee student transfers****

Employment Location _____ Employment Title _____ Date Hired: _____

SS-0008 (September 25, 2018)

SD 3200-04 (DOW + 5 yrs.)



Tyler Independent School District reserves the right to limit or restrict transfer to any campus.

Transfer students may be returned to their home campus in order to reestablish enrollment balance if an unexpected increase in enrollment on the campus occurs. All approved transfers are conditional, students attending school on any type of transfer may have their transfer revoked per FDA and FDB (LOCAL) Policy for any of the following reason:

- Transfer student becomes a disruption to school operations or becomes a detriment to the learning of other students
- Transfer student has persistent disciplinary or attendance problems
- Lack of parental cooperation

PARENT/LEGAL GUARDIAN STATEMENT

My signature below confirms that the information I have provided on this form is accurate and complete. I understand that falsification of any information on this form is grounds for immediate revocation of a transfer. I further understand and agree that:

Reason for Request:

- TISD reserves the right to revoke any transfer if the District determines that a transfer student's placement becomes a disruption to school operations or a detriment to the learning of other students because of disciplinary or attendance problems at the end of the school year.
- A transfer student's prompt and regular attendance at school and compliance with all school rules and Board policy, including the Student Code of Conduct and any campus rules, are conditions for the transfer. I acknowledge receipt of other conditions of transfer and information related to transfer students.
- TISD will revoke the transfer and withdraw from enrollment a student who no longer qualifies for transfer at year end.
- TISD is not responsible for providing any transportation to or from school for any transfer student.

_____ **Signature of Parent or Legal Guardian** _____ **Date**

_____ Eligible All Levels w/Approved Forms _____ Not Eligible for One Year Varsity or Sub-Varsity _____ Eligible Sub-Varsity Only for One Year w/Approved Forms

Athletic Director Signature _____ Date: _____

Superintendent or Designee Signature or Campus Principal: _____ Date: _____

Approved Denied