

Maud Independent School District
NONRESIDENT STUDENT REQUEST TO TRANSFER INTO THE DISTRICT

School Year: _____

1. Student's name: _____ / _____ / _____ Male/Female _____
First Middle Last

_____ / _____ / _____ _____ / _____ / _____
Social Security Number Date of Birth Ethnicity

2. Current Address: _____
Physical Address

Mailing Address

3. School District in which student resides: _____

4. School student is currently attending or last attended if just
moved: _____

5. Parent's name: _____

6. Parent's physical address: (no post office box number)

Street

_____ / _____ / _____
City State Zip

7. Home phone: _____

Cell phone: _____ / work phone: _____

8. Reason for transfer request: _____

9. Are there siblings? **Yes** **No**

10. Is either parent employed by the Maud I.S.D.? **Yes** **No**

11. Has the student ever been enrolled in Maud I.S.D.? **Yes** **No**

12. Student's grade level for year of requested transfer: _____

13. Student's number of credits earned (High School student only) _____

14. Student's attendance record: **Documentation required** (attach to application)

a) How many days was the student absent in the school year prior to the year for which a transfer is requested? _____

b) If this request is for a transfer during a school year, how many days has the student missed in the current school year? _____

c) If the student missed more than ten percent of the days in the previous or current school year, please provide an explanation: _____

15. Has the student been suspended, expelled or placed in any alternative classroom setting (D.A.E.P., In-school Suspension, etc.) during the current or previous school year?

Yes

No

If yes to any above action, explain:

Student Academic Record

Please provide the following information:

- a) Copy of Birth Certificate
- b) Copy of Social Security Card
- c) Copy of STAAR/State Achievement test results
- d) Copy of latest report card/transcript
- e) Copy of immunization record
- f) Discipline Records
- g) Check special program(s) which currently apply to student

G/T ____ Special Education ____ Speech ____
504 ____ ESL ____ Other ____

As a parent or person standing in the position of **legal** responsibility for the child named in this request I acknowledge that I have received a copy of Maud ISD policies FDA (LEGAL) and FDA (LOCAL) and the Transfer Agreement that must be executed before the child is enrolled in the District. The information provided in this form is true and factual to the best of my knowledge, and I understand that if any of this information is ever found to be incorrect, this agreement may be denied or revoked.

Parent Signature: _____

Printed Name: _____

Date: ____ / ____ / ____

Principal recommendation:

Transfer Recommended

Transfer Disapproved

Principal signature: _____

Date: ____ / ____ / ____

Superintendent Signature:

Transfer Approved

Transfer Disapproved

Superintendent Signature: _____

Date: ____ / ____ / ____

TRANSFER AGREEMENT

This Transfer Agreement establishes the terms and conditions for _____ ("student") to attend the Maud I.S.D. public schools ("District") as a transfer student for the _____ school year, although the student is a resident of the _____ I.S.D. The student's parent or other person having lawful control of the student, _____ ("parent") request that the student be permitted to attend District schools in the _____ school year and agrees to the following terms and conditions for that transfer.

1. This transfer is effective for the current school year only. District approval of this transfer creates no right or expectation that the student will be admitted as a transfer for any subsequent school year.
2. This transfer is approved for the named student only. District approval of this transfer creates no right or expectation that another student from the same family will be admitted as a transfer.
3. Transfer fees are outlined in the Maud ISD Transfer Student Tuition Policy. The District does not charge a fee per household.
4. The student must maintain acceptable levels of attendance and compliance with District rules and regulations, including the Student Code of Conduct, throughout the entire school year.
Acceptable levels are defined as:
 - a) Attendance that does not place the student at risk of losing credit under Education Code 25.092 or require the District to warn the parent of the student of truancy proceedings under Education Code 25.095;
 - b) Compliance with the District's rules and regulations, including the Student Code of Conduct, such that no offenses result in removal to a disciplinary alternative education program or expulsion and no more than three referrals are made within any grading period for other misconduct.
5. In accordance with Board policy FDA (LOCAL), the Superintendent may revoke the transfer of a student who fails to maintain an acceptable level of attendance or compliance with District rules and regulations, including the Student Code of Conduct. Notice of revocation will be sent to the School District of residence.
6. The parent of the student will be responsible for transportation to and from the District if the choice is made to not have the student ride the bus provided.
7. The student and parent acknowledge that eligibility of transfer students for participation in any UIL activity or other activities governed by UIL rules and regulations will be determined in accordance with UIL rules and regulations.
8. Except as modified by this transfer agreement, the student will be subject to all policies, regulations, rights, privileges, and responsibilities of enrollment in the District for the school year.

I hereby acknowledge that I have read, understand and agree to the following policies, terms and fees of the Maud Independent School District Student Transfer System.

Parent or Legal Guardian signature: _____

Date: ____ / ____ / ____

Authority for Data Collection: Texas Education Code 21.061; Civil Action 5281, Section A

Planned Use of the Data: To complete the report required by Federal Court Civil Action 5281

Instruction: This form must be used for all student transfers, within the State of Texas, including hardship.

The superintendent of the receiving district must circle approved or disapproved and sign the transfer form.

For further information, contact the Division of Equal Education Opportunity at (512) 463-9671.

STUDENT NAME(S)	STUDENT DOB	STUDENT SS#	ETHNIC CODE	DISTRICT OF RESIDENCE AND SCHOOL CURRENTLY ATTENDING	EXEMPTION/ HARDSHIP CODE	STUDENT'S GRADE	CAMPUS ASSIGNED RECEIVING DISTRICT

Ethnic Code: (1) American Indian or Alaskan Native (2) Asian or Pacific Islander (3) Black, not Hispanic (4) Hispanic (5) White, not hispanic

This section must be completed by parent or guardian:

I have been informed of the receiving district's fees and policies concerning a transfer student and understand that any violation of Board policy, including student conduct, or attendance may result in revocation of the transfer agreement; written notification of the transfer revocation shall be sent to the school district of residence.

Signed: _____

Parent or Guardian's Signature

Telephone No.: _____

Telephone No.: _____

Address: _____

Physical and mailing address

This section must be completed by the receiving district superintendent:

The above student(s) was _____ approved
_____ disapproved this _____ day of _____, 20____.

Superintendent Signature