

TRANSFER AGREEMENT

This Transfer Agreement establishes the terms and conditions for the above named student to attend the Colmesneil IS public schools as a transfer student for the above referenced school year, although the student is a resident of another district. The student's parent or other person having lawful control of the student, named above, requests that the student be permitted to attend the CISD schools and agrees to the following terms and conditions for that transfer (parent or guardian must initial each statement):

_____ I understand that attendance at Colmesneil ISD as a transfer student is a privilege, and as such, my student and I agree to abide by all aspects of the FDA(Local) policy and the terms of this Transfer Application.

_____ I understand transfer is effective for the named student and current school year only.

_____ I understand that my student will be expected to follow all rules and regulations of CISD, including those for student conduct and attendance, and that failure to do so may result in the revocation of the transfer agreement during the school year.

_____ I understand that my student and I will be held to all state compulsory attendance laws.

_____ I understand that, if approved, the transfer is for a period of one school year only and, as stated above, subject to revocation during the school year. I understand that my student must reapply for transfer each year.

_____ I understand that in determining whether my student will be permitted to enroll in CISD, the administration will consider the student's disciplinary record, attendance record, academic record, assessment record, and class size and space availability.

_____ I understand that a district administrator from the campus to which the student is applying for transfer may contact the student's current school to discuss the student's attendance, academics, and disciplinary status.

_____ I understand that CISD will not be responsible for transportation of my student to and from school. I will be responsible for the transportation of my child to and from school.

_____ I understand that falsification of information is a Class A Misdemeanor and may lead to legal action.

_____ I have received a copy of CISD Board Policies FDA(LEGAL) and FDA(LOCAL), regarding transfer students

_____ I have received a copy of the UIL eligibility requirements for academic, music, and athletic competition.

_____ I understand that being approved for transfer in one school year creates no right or expectation that my student will be admitted as a transfer student in subsequent years.

_____ I understand that admission of one student in a family creates no right or expectation that another student from the same family will be admitted as a transfer.

_____ I understand that, if approved for transfer, I must contact the district within ten (10) days of the date notification is received in order to continue or finalize enrollment.

Signature of Parent or Guardian

Date

Superintendent

Approved _____ Denied _____

September 2020

**COLMESNEIL INDEPENDENT SCHOOL DISTRICT**

610 W. Elder St. Phone: 409.837.5757
P.O. Box 37 Fax: 409.837.9107
Colmesneil, TX 75938 www.colmesneilisd.net

Student Transfer Application 2023-2024**Student Information**

Student's Name _____ School District Last Attended _____
2023/24 Grade _____ Age _____ Date of Birth _____ Gender: **F M** Social Security Number _____ - _____ - _____
Parent/Guardian's Name _____
Physical Address _____ City _____ State TX Zip _____
Mailing Address _____ City _____ State TX Zip _____
Home Phone _____ Work Phone _____ Cell Phone _____
Kindergarten Request Only: Attended Preschool? **Yes No** Preschool Name _____ Phone _____

Required Documents:

**Applications will be only considered if
all required documents are attached.**

- ____ 1. Most recent report card (K-12)
- ____ 2. STAAR/EOC Test Scores (4-12)
- ____ 3. Attendance Records (K-12)
- ____ 4. Discipline Records (K-12)
- ____ 5. Transcripts (8-12)

Special Services being provided:

- | | |
|--------------------------|----------------|
| ____ Career & Technology | ____ ESL |
| ____ Special Education | ____ Bilingual |
| ____ Gifted & Talented | ____ None |
| ____ 504 | |

Signatures

- I understand, if approved, the transfer is granted conditionally on student behavior, classroom/program/staff availability, attendance, grades and state test scores.
- I understand this transfer has to be renewed each year.
- Colmesneil ISD makes no implication of a one-year transfer commitment.
- I understand transportation to Colmesneil ISD is the parent/guardian's responsibility.
- I understand that falsification of information is subject to criminal prosecution and a denial of the student transfer.
- I have read and understand the Colmesneil ISD Policy FDA (Local).
- I agree to abide by all the rules and regulations set forth in the transfer agreement and policy.

Parent/Guardian Signature _____ Date _____

Colmesneil ISD Use Only

Parent/Guardian & Student Conference Date _____ (for new transfers only) Date Received _____

Principal _____

Approved _____ Denied _____

Superintendent _____

Approved _____ Denied _____

September 2020