

## APPLICATION FOR TRANSFER

FY 2021-2022

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

Planned Use of Data: To complete the report required by Federal Court Order Civil Action 5281 (Administration of the transfer laws, released regulations.

Instructions: This form must be used for all student transfers, within the State of Texas, including hardship. The Superintendent of the receiving district must circle approval or disapproval and sign the transfer form. For further information, contact the Division of Accreditation at (512) 463-9671.

1	2			3	4		5	6	7	8
Exemp. /Hardship Code	Students Name			Ethnic Code	Student in Chapel Hill Last Year		District Student Attended Prior Year  Co. Dist. No.	Grade	Campus Assigned in Receiving District	Peims NO.
	Last	First	M I		Yes	No			Campus No.	

BIRTHDATE \_\_\_\_\_ SOCIAL SECURITY \_\_\_\_\_

This section must be completed by parent or guardian.

I have been informed of the receiving district's policy concerning tuition charges, if any. By signing this form, it is understood that the Chapel Hill ISD has the right to revoke this transfer anytime during the school year for one or more of the following reasons: discipline problems, failing regular course work, non-mastery of state tests, poor attendance, and if the transfer creates a fiscal and/or financial burden for the District.

Signed \_\_\_\_\_ Phone # \_\_\_\_\_

Email address \_\_\_\_\_

Residence (**Physical Address**) \_\_\_\_\_

Mailing Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

This Section must be completed by the receiving district superintendent.

\_\_\_\_\_ approved

The above transfer(s) was \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

\_\_\_\_\_ disapproved

Typed Name of Receiving District Superintendent	Date	Telephone	Signature
Marc Levesque		(903) 572-8096	

Being accepted as a transfer student in Chapel Hill ISD is a privilege not a right. As such any transfer student violating any District policy shall be subject to appropriate disciplinary procedures, and after examination by District Transfer team may have the transfer revoked.

**Reasons for removal from school and revocation of the transfer shall include but not be limited to the following:**

1. The student is charged in any court with any felony or misdemeanor offense involving drugs, marijuana, a controlled substance or narcotics and a conviction results from such charges.
2. The student is indicted by a grand jury on a felony charge and found guilty
3. the student is declared by the courts to be a juvenile delinquent
4. The student possesses or uses any drug or narcotic considered to be dangerous while on school premises at any time, whether in the classroom, at an athletic event, or at any other event held on school premises or any school sponsored activity
5. The student uses or possesses tobacco and /or possesses, uses or is under the influence of alcoholic drinks on school premises or at any school sponsored activity
6. The student is unable or unwilling to conform to the school situation and his or her attitude and conduct are such that the student's presence in school is detrimental to the school program as determined by the sole discretion of the school administrator
7. The student is a party to any interruption of school disturbance of classes, or any disobedience as determined in the sole discretion of the school administrator
8. The student fails to attend school regularly and /or is habitually tardy/truant
9. For any reason for which the administration believes the continued attendance of the transfer student is sufficiently detrimental to other students and to the welfare of the total District
10. The student becomes a discipline problem (written notification shall be sent to school District of residence)
11. Any additional reasons as outlined in Chapter 37, TEC which would result in discipline, suspension or expulsion

**I have read and agree to the transfer contract as written** \_\_\_\_\_

**Signature of Parent/Guardian**

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**TRANSFER CONTRACT AND AGREEMENT**

I, \_\_\_\_\_, am applying to have my child \_\_\_\_\_ transfer to Chapel Hill I.S.D. I understand that this transfer, if granted, will be dependent upon my child abiding by all the rules and regulations as established by the school.

\_\_\_\_\_  
Parent/Legal Guardian

\_\_\_\_\_  
Student

\_\_\_\_\_  
Authorized School Official

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date Approved by CHISD Board