



EUSTACE INDEPENDENT SCHOOL DISTRICT REQUEST FOR STUDENT TRANSFER

Dear Parent/Guardian,

Date: _____

DOCUMENT MUST BE DOWNLOADED/SAVED BEFORE BEING FILLED (CONTACT US IF YOU HAVE ANY PROBLEMS)

We are honored that you are requesting a transfer for your student(s) to attend Eustace ISD. We pride ourselves in providing a challenging, caring, and safe learning environment. Please complete these forms so that we may process your request.

_____ I understand that my request will not be considered until I provide EUSTACE ISD
(Please Initial) with the most current report card/transcript from the student's current district.

_____ I understand that I am responsible for the transportation of my students(s)
(Please Initial) to and from school each day.

_____ I understand that a new transfer form must be approved prior to attendance
(Please Initial) each school year.

_____ I have read the following information regarding UIL Eligibility.
(Please Initial)

If a student transfers to a different high school after beginning the freshman year, he/she is NOT eligible to participate in any UIL Varsity activity until he/she has been enrolled in and regularly attended that school for a minimum of one calendar year or as determined by District UIL Eligibility Committee. UIL Varsity activities will include all varsity athletics, , extra-curricular teams and squads, marching/concert band contest, choir competitions, academic competitions and solo/ensemble competitions. If a change of residence is made, the student will not be eligible to participate in any UIL Varsity activity until he/she has been enrolled in and regularly attended classes at that school for fifteen (15) calendar days. All issues of eligibility are subject to UIL authority and District regulations.

1. Has any student requesting this transfer been suspended, placed in an alternative education program, or have a disciplinary record for violating school regulations? ____ Yes ____ No
If, yes, please explain: _____

2. Are you requesting this transfer for any student in order to avoid disciplinary action from your present district? ____ Yes ____ No If, yes, please explain: _____

3. Does any student requesting this transfer currently receive special services, such as speech, or academic support as outlined by an Individualized Education Program (IEP), a Behavior Intervention Plan (BIP), Section 504, or have any pertinent information pending?
____ Yes ____ No If, yes, please explain: _____

I verify that the above information is factual and that any misrepresentation of this information may result in denial of this request or immediate revocation of an approved transfer. I understand that failure to abide by the District's Code of Conduct, state attendance requirements, or to promptly pay any financial obligations owed to the District, such as school lunches, lost, damaged or destroyed school property, may result in immediate revocation of this transfer.

Signature of Parent/Guardian

Date

Texas Education Agency
 Division of Equal Education Opportunity

Application for Transfer

EUSTACE ISD CURRENTLY ONLY CONSIDERS STUDENT TRANSFERS ON A SEMESTER BY SEMESTER BASIS

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

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 approved or not approved and sign the transfer form. For further information, contact the Division of Equal Opportunity at (512) 463-9671.

Student's Name	Current District of Enrollment	Grade 20/21	Eustace ISD Campus	Student's Birthday MM/DD/YYYY

THIS SECTION MUST BE COMPLETED BY PARENT OR GUARDIAN

I have been informed of the receiving district's policy concerning tuition charges, if any, for a transferred student whose grade is taught in the student's district of residence; and I accept responsibility for the payment of tuition.

Are you a district employee? YES NO

 Printed (Parent/Guardian's) Name

 Parent/Guardian's Signature

 (Area Code) Phone Number

 Street Address

 City State Zip

 District You Currently Live In

THIS SECTION MUST BE COMPLETED BY THE RECEIVING DISTRICT SUPERINTENDENT

SEMESTER 1 (Aug. 19, 2020 thru Jan 5, 2021) ___ Approved ___ Not Approved

SEMESTER 2 (Jan 6,2021 thru May 31, 2021) ___ Approved ___ Not Approved

 Dr. Coy Holcombe

 Date

903-425-5151
 Phone