

# Waskom ISD Transfer Agreement 2020-2021

My signature below confirms that I have read and agree to the terms and conditions of the Transfer agreement. Students in grades K-3 are not required to initial terms and conditions of agreement or sign the transfer agreement.

Student Name	Signature of Student	Printed name of Parent/Legal Guardian	Signature of Parent	Date

Both student (Grades 4-12) and parent must initial the terms and conditions of the Transfer Agreement below.

*Student's Initials	Parent's Initials	<b>Terms and Conditions of Transfer Agreement</b>
		I have been provided and have read the transfer policy of Waskom ISD located which was included in my Application Packet located Waskom ISD Policy FDA (Local).
		Parent must assume responsibility for transportation of Student.
		Parent or guardian agrees to notify the campus of any address changes.
		Transfers are considered separately for each child, so in some cases a transfer may be approved for one sibling, but not for another.
		Transfers can affect a student's UIL participation eligibility.
		Parents and Student agree to assume responsibility for satisfactory attendance, discipline, achievement of the student, and cooperation with the school staff while at the transfer school. When these responsibilities are not met, the transfer will be revoked. Waskom ISD is a District of Innovation (DOI Plan) During the 20-21 school year we will evaluate transfers after the 1 <sup>st</sup> semester. If your child no longer meets the criteria, your transfer will be revoked for the 2 <sup>nd</sup> semester.
		Students who live outside of the district and who are not children of employees must pay tuition to Waskom ISD which is currently <b>\$300.00</b> per year.

Received of:

\_\_\_\_\_

Print Name

\_\_\_\_\_

Print Title

\_\_\_\_\_

Date

## Information for Transfer Application

Attached please find the Application for the Transfer for the 2020-2021 school year. As we move forward to prepare our budgets for the coming year, we need to determine the number of students that the District can accommodate on a transfer basis as we must consider the availability of space and instructional staff for the coming year.

In order to grant a transfer to a non-resident student, the District must receive a fully completed and signed Application for Transfer no later than April 24, 2020 for the coming 2020-2021 school year. Applications shall be submitted to the appropriate campus principal at Waskom ISD in person during regular business hours, mail, or fax.

**Failure to provide the completed application by April 24, 2020 will result in an automatic denial of the transfer.**

The Superintendent will review the applications and make a determination no later than May 22, 2020 as to whether the transfer will be granted or denied. The parent will be notified by mail and email at the address provided on the application. The Waskom Independent School District does not discriminate on the basis of race, color, religion, sex, national origin or disability in its programs and activities.

Tuition payment for 2020-2021 school year must be paid in full to Waskom ISD prior to the commencement of the 2020-2021 school year. Failure to pay tuition can serve as grounds for revocation of the transfer agreement.

A copy of this Information for Transfer Application was received.

Signature of Student if over the age of 10		Date	
Signature of Parent or Guardian		Date	

**Deadline to Apply: April 24, 2020**

Waskom ISD  
District Name

102-903 \_\_\_\_\_  
County-Dist. Number

**APPLICATION FOR OUT OF DISTRICT TRANSFER  
SCHOOL YEAR 2020-2021**

**WASKOM ISD does not accept Pre-K Transfers.**

Student's Legal Name	Gender	Date of Birth	Social Security #	*Ethnic Code	Previous District Attended	Grade in 2018-2019	Grade in 2019-2020	Exemption /Hardship **Code

\*American Indian/Alaska Native – 1; Hawaiian /Pacific Islander – 2; Asian – 3; African American – 4; Hispanic/Latino – 5; White/Caucasian – 6  
\*\*Employee - E; Graduating Senior - B;

**This section must be read and completed by the parent or legal guardian:**

I understand and accept the conditions of the transfer agreement in accordance with board policy FDA (local) and I accept responsibility of meeting all acceptable levels for transfer. I also understand that the district does not provide transportation for transfer students and that this transfer is only effective for the 2020-2021 school year. **I also understand that failure to make payment of tuition may result in a revocation of the transfer agreement.**

I am the student's \_\_\_\_\_ Parent or \_\_\_\_\_ Guardian

Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

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

Physical Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

List any special programs student(s) is enrolled in i.e. Special Education, GT, LEP, 504, etc.:

\_\_\_\_\_

Please answer the following fully and completely:				
Is Parent/Guardian a District Employee?	Yes		No	
If yes, Employee's Campus/Department?				
Employee's Position?				
Length of Employment with District?				

The information provided on this form is current and accurate. I have read, and understand, the Transfer Agreement will comply in all ways with the information provided.

Signature of parent/guardian making this request:

\_\_\_\_\_ Date \_\_\_\_\_

**Person Receiving Report:**

Name	Title	Date	Signature

Return form to:  
Waskom ISD/Attn: Transfers  
P. O. Box 748  
Waskom, TX 75692  
Or  
Fax to: 903-687-3253

# Action by the Superintendent

The following documents have been received of the student applying for transfer:

- \_\_\_\_\_ Information for Transfer Application.
  - \_\_\_\_\_ Student signature or student under the age of 10.
  - \_\_\_\_\_ Parent signature
  - \_\_\_\_\_ Dated
- \_\_\_\_\_ Application for 2020-2021 school year received.
  - \_\_\_\_\_ Received prior to April 24, 2020
  - \_\_\_\_\_ All information concerning Student is complete in Line 1.
  - \_\_\_\_\_ All information relating to parent is complete.
  - \_\_\_\_\_ Special Programs section is complete.
  - \_\_\_\_\_ Employee Exemption completed.
  - \_\_\_\_\_ Signed and Dated by Parent
- \_\_\_\_\_ Waskom ISD Transfer Agreement completed.
  - \_\_\_\_\_ Required signatures are on line 1.
  - \_\_\_\_\_ Required initials in section 2

<p>This section must be completed by the receiving district superintendent or designee:</p> <p>The above transfer was _____ approved or _____ denied on _____.</p> <p style="text-align: right;">Date</p> <p>Superintendent or Designee signature _____</p>
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\_\_\_\_\_ Decision mailed to parents on \_\_\_\_\_.

Date

\_\_\_\_\_ Decision emailed to parents on \_\_\_\_\_.

Date