



Highland Park ISD  
Committed to Excellence

15300 Amarillo Blvd East \* Amarillo, TX 79108 \* (806) 335-2823

Dear Parent or Guardian,

Highland Park ISD is currently accepting Student Transfer Request for the school year 2018-19.

Students wishing to apply for a transfer to Highland Park ISD must present a written letter of request that specifies which exemption or hardship you qualify for according to the Texas Education Agency.

To be considered for transfer, your student must be “in good standing” at his/her present school with regards to behavior, academic performance, and attendance record. We will need a completed application form, attendance and discipline records for the current school year, and a school transcript. *A transfer student may lose his/her transfer status for disciplinary reasons, poor academic performance, and/or excessive attendance issues.*

Please submit the completed transfer packet to us via either method:

In- Person:

Highland Park ISD  
15300 Amarillo Blvd. E.  
Amarillo, Texas 79108

Mail to:

Transfer Committee  
Highland Park ISD  
PO Box 30430  
Amarillo, TX 79120

Sincerely,

Jimmy Hannon  
Superintendent of Schools  
Highland Park ISD



**Highland Park ISD**  
Amarillo, Texas 79108

## **Instructions for Completing Transfers**

**It is a state requirement this must be done before an out-of-district student can enroll in Highland Park ISD.**

Please fill in the student's name, the grade they will be in this year, their ethnicity according to the chart below, and their social security number.

Please use one of the following numbers to indicate your choice of ethnicity:

- (1) = American Indian or Alaskan Native
- (2) = Asian or Pacific Islander
- (3) = Black, not Hispanic
- (4) = Hispanic
- (5) = White, not Hispanic

**Please attach a short note requesting the child's transfer to Highland Park ISD with this application.** Include in the note the child's name, address, reason for transfer request, grade child will be in during 2018-19 school year, signature of requesting parent or guardian, telephone number where parent or guardian can be contacted during the daytime, and the date. This is required by the State of Texas for accountability.

Other items the school may require to process enrollment is social security card, birth certificate, immunization record, copy of last report card, state standardized test report and a transcript showing all high school credit for high school students.

**TRANSFER REQUEST FOR HIGHLAND PARK ISD  
SCHOOL YEAR 2018-2019**

**\*\*PLEASE COMPLETE A SEPARATE FORM FOR EACH STUDENT REQUESTING A TRANSFER.**

Student Name: _____
Students' Date of Birth _____ SS# _____

Parent's Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street / PO Box  
 \_\_\_\_\_  
City \_\_\_\_\_ Zip \_\_\_\_\_

Contact Numbers Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Requested date for transfer to begin \_\_\_\_\_

Residing School: \_\_\_\_\_  
*(School that you would attend if not attending Highland Park School of Residence)*

Previous school(s) attended in the last year \_\_\_\_\_  
 \_\_\_\_\_

Do you have any comments/concerns you would like to share about your child's education/needs? \_\_\_\_\_  
 \_\_\_\_\_

Grade Level **2018-2019** School Year (circle one):

PK    K    1<sup>ST</sup>    2<sup>ND</sup>    3<sup>RD</sup>    4<sup>TH</sup>    5<sup>TH</sup>    6<sup>TH</sup>    7<sup>TH</sup>    8<sup>TH</sup>    9<sup>TH</sup>    10<sup>TH</sup>    11<sup>TH</sup>    12<sup>TH</sup>

Number of school age children in the home: \_\_\_\_\_

Please submit the required information listed below with this form:

- \_\_\_\_\_ Copy of most recent report card **(New Applicants Only)**
- \_\_\_\_\_ Copy of attendance record **(New Applicants Only)**
- \_\_\_\_\_ Copy of discipline record **(New Applicants Only)**
- \_\_\_\_\_ Standardized State Test **(New Applicants Only)**
- \_\_\_\_\_ Parent letter explaining reason for transfer
- \_\_\_\_\_ Teacher recommendation letter

**Ethnicity:** Please Check

- \_\_\_\_\_ (1) American Indian/Alaskan
- \_\_\_\_\_ (2) Asian or Pacific
- \_\_\_\_\_ (3) Black not Hispanic
- \_\_\_\_\_ (4) Hispanic
- \_\_\_\_\_ (5) White not Hispanic

**(You must claim one of the exemptions included in this packet)**

Please return completed forms to: **Highland Park ISD**  
**Mr. Jimmy Hannon & Transfer Committee**  
**PO Box 30430**  
**Amarillo, TX 79120**

<b>To be completed by HPISD Transfer Committee</b>			
Campus (circle one)	Elem-101	MS-041	HS-001
Transfer Committee:	Approved	Denied	
Receiving Principal's Signature: _____		Date: _____	

Date Received: \_\_\_\_\_

Central Office Use

Date Mailed: \_\_\_\_\_

## State Exemptions

Please select **ONE** of these exemption categories which best describes your circumstance and may provide qualification for transfer acceptance.

(You must claim **ONE** of the exemptions included in this packet)

CHECK ONE	Exemption	Description
	<b>A</b>	Student taking academic courses not offered in the district of residence.
	<b>B</b>	Graduating senior who has attended the receiving district for at least the two previous years.
	<b>C</b>	Student with two working parents or whose sole parent works (in a single-parent home) and no child care facility is located in the sending district. Only children less than 10 years of age will be considered as needing child care unless it can be demonstrated that a handicap exists which renders him/her incapable of self-care.
	<b>D</b>	Students whose health or safety is involved. Documentation from a medical doctor delineating specific reasons must be obtained and on file.
	<b>E</b>	Students whose parent/guardian is employed by the receiving district and currently contributes to the Texas Teacher Retirement System.
	<b>F</b>	Student whose home is more than 20 miles closer to the receiving school than the school of residence.
	<b>G</b>	Students transferring to a regional day school for the deaf.
	<b>H</b>	Special education student from district where the special education class for which the student is qualified is unavailable and such class is available in the receiving district. Student must be properly screened according to agency guidelines by the receiving district.
	<b>I</b>	Student residing in a district which does not offer the grade level of that student and which has a contractual transfer agreement with the receiving district.
	<b>J</b>	Student does not qualify for any of the preceding exemptions/hardships.

**Application for Transfer**  
**2018-2019**

Authority

**Instructions:** This form must be used for all out-of-district student transfers into the Highland Park ISD, including, but not limited to hardship or employment. Instructions can be found on the reverse side of this form. The **campus principal** will approve or disapprove and sign the transfer form. *The District is **not** required to admit students that have engaged in **conduct** or **misbehavior** within the preceding year that has resulted in removal to a disciplinary alternative education program, expulsion, probation or other conditional release for that conduct or has been convicted of a criminal offense and is on probation or other conditional release for that offense. (TEC§25.001sec.d)HPISD reserves the right to **revoke** a transfer for **disciplinary reasons**. **Transfer students will be required to follow all rules and regulations of the District.** For further information, contact the Highland Park ISD Superintendent's office at 806-335-2823 or the Highland Park ISD campus the student will be attending.*

The section designated with \* shall be completed by parent. Column 6 will be completed by the school district.

(1) Student Name*	(2) Ethnic Code* (See back)	(3) Current Attendance Data Student's Residence* School District Residing In	(4) District Student Attended Prior Yr.* School Name & Locatio	(5) Grade 2018-19*	(6) Campus Assigned in Receiving District Campus #
1.					
2.					
3.					
4.					
5.					

**This section must be completed by parent or guardian, do not leave any areas blank:**

During the 2018-2019 school year, tuition charges for an out-of-district transfer student will be waived.

Signed: \_\_\_\_\_ Student's Social Security #: \_\_\_\_\_  
Parent's (Guardian's) Signature

P. O. Box: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_ Cell #: \_\_\_\_\_

**This form must have a written request for transfer approval attached. Approval will be at the campus principal's discretion.**

This section must be completed by the receiving District Superintendent.

The above transfer(s) was :  Approved /  Disapproved on: \_\_\_\_\_

Typed Name of Receiving District Superintendent <b>Jimmy Hannon</b>	Telephone <b>(806)335-2823</b>	Superintendent's Signature
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