



**Flatonia Independent School District  
Out-of-District Transfer Application 2017 – 2018**

This application must be completed by a parent or guardian of any nonresident student wishing to transfer into the Flatonia Independent School District. This application must be completed and submitted to the appropriate Campus Office by the deadline date (noted above) in order to be considered for an Out-of-District Transfer. **PLEASE PRINT CLEARLY**

Student's Name: Last	First	Middle	Grade in 2017-18	New Request: ___ Renewal Request: ___	
Student's Social Security Number:			Date of Birth	Age	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Current Street Address (NO P.O. Boxes)			Current Mailing Address (such as P.O. Box)		
City	State	Zip	Home Phone:		
Full Name of Parent(s)/Guardian(s):			Day Phone:		
Transfer From: (School District)			School student would attend in that district:		
Transfer to: (Requested FISD Campus)			District student attended in 2016-17		
Special Services being provided at school of attendance are (i.e., Special Education, Section 504, ESL, Bilingual, etc):					

**PLEASE CIRCLE the number representing your reason for this request: 1 2 3**

REASONS FOR CONSIDERATION	REASONS FOR DENYING/REVOCATION
<p>The following are the acceptable reasons for considering an Out-of-District Transfer for the 2017-18 school year based on the FISD Policy (FDA Local).</p> <p><b>Please note: Reasons 1 – 3 are acceptable only if the receiving campus' projected enrollment is below 100% of capacity. Also, please be aware that meeting one of the three reasons below does NOT guarantee an automatic approval.</b></p> <ol style="list-style-type: none"> <li>Parent/guardian is a Flatonia ISD employee.</li> <li>Student whose home is closer to the receiving school than the school of residence.</li> <li>Other: (explain below)</li> </ol> <p>_____</p> <p>_____</p> <p><i>An approved transfer student, including the child of a nonresident employee, shall be required to attend the school assigned by the Superintendent or designee.</i></p>	<p>Reasons for denying/revoking the transfer shall include, but are not limited to:</p> <ul style="list-style-type: none"> <li>Academic performance</li> <li>_____</li> <li>Overcrowding in grade level occurring at receiving campus.</li> <li>Repeated Student Code of Conduct infractions.</li> <li>Student commits a Student Code of Conduct infraction which results in a removal to a DAEP.</li> <li>Documented patterns of truancy, late arrivals, late pick-ups, and/or poor attendance.</li> <li>Falsification of any information on this Out-of-District Transfer application.</li> <li>Failure to provide information or documentation required by the District.</li> <li>The parent/guardian is no longer an employee of Flatonia ISD.</li> <li>The stated reasons do not support granting the transfer request.</li> </ul>

If the student is the child of a FISD employee, provide the employee's name and their workplace below:

FISD Employee's Name:

FISD Employee's Workplace:

**\*\*New Transfers to FISD for the 2017-2018 School Year:**

If your student is planning on transferring to Flatonia ISD for the 2017-2018, please note that a copy of the following is required for administration to review your application:

1. STAAR/EOC Scores from the latest administration (if applicable)
2. Most Recent Report Card
3. Attendance Records
4. Discipline Records

This Out-of-District Transfer request is made with the full understanding of an agreement to the following:

1. The parent or guardian of the student for whom the Out-of-District Transfer has been approved **must provide transportation** to and from school **for the student**.
2. An approved Out-of-District Transfer is **only** for the school year requested. Parents/guardians must apply for a renewal on an annual basis. Renewals **are not** automatic or guaranteed for the upcoming school year.
3. Approved Out-of-District Transfer students **must** abide by the Student Code of Conduct, including: 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. If revoked, the student may not at any later time request a transfer back to that school.
4. Any student who plans to participate in UNIVERSITY INTERSCHOLASTIC LEAGUE (UIL) events should check the rules set forth by the UIL concerning eligibility requirements for transfer students. A copy of the Constitution and Contest Rules of the University Interscholastic League is available for review at the Athletic Office, in the Secondary Principal's office, on line at [www.uil.texas.edu](http://www.uil.texas.edu) or by contacting the UIL office at (512) 471-5883.
5. The principal may revoke the Out-of-District Transfer for serious or persistent misconduct and/or may revoke the transfer for any offense leading to placement in a DAEP; An Out-of-District Transfer may also be revoked for any of the reasons listed on page one of this form under **REASONS FOR REVOCATION**.
6. Any falsification of information will be grounds for this Out-of-District Transfer application to be denied and/or revoked. In addition, falsification of documents or records is a criminal offense under §37.10 of the Penal Code (FD LEGAL) and subjects the person signing and/or submitting the Out-of-District application to liability for tuition (FDA LOCAL).
7. **PLEASE NOTE: A transfer may be revoked, at any time, if overcrowding occurs at the receiving campus.**
8. Once the Out-of-District Transfer application is received by the FISD Campus Office, it will then go before the Transfer Committee for approval/denial. Committee may at that time request additional documentation on the student. Final confirmation will be sent via US mail to the address indicated on the application.
9. **Please be aware that meeting one of the three reasons does NOT guarantee an automatic approval.**

**PARENT/GUARDIAN STATEMENT AND SIGNATURE SECTION**

In signing this form, the parent or guardian of the student confirms that he/she has read and understands the information contained within this form and, that all of the information provided to the District for enrollment is true and accurate. In signing this form, said person also agrees to all of the conditions set forth within the Out-of-District Transfer process as stated on this form and in District policy (FDA LOCAL). **Please be aware that meeting one of the three reasons does NOT guarantee an automatic approval.**

Parent/Guardian Printed Name:

Signature:

Date:

Student Printed Name:

Signature:

Date:

