## Application Deadline: 5:00 PM Friday, March 29,2019

Late applications will not be accepted

Renewal Request:\_

New Request:\_\_\_\_



Last

First

Student's Name:

## Bastrop Independent School District Out-of-District Transfer Application 2019– 2020

Grade in 2019-20

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

Middle

Current	Mailing Address (such as P.O. Box)	Da	te of Birth	Age	Gender □Male □ Female	
Current Street Address (NO P.O. Boxes)			Email Address			
City	State Zi	р		Home Phone:		
Full Name of Parent(s)/Guardian(s):				Day Phone:		
Transfer From: (Home Zoned School District)			chool student would attend in that district:			
Transfer to: (Requested BISD School)			District student attended in 2018-19			
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		RI	EASONS FOR DE	NYING/REVOCATION	
The following are the acceptable reasons for considering an Out-of-District Transfer for the 2019-20 school year based on the BISD Policy (FDA Local).  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 quarantee an automatic approval.  1. Parent/guardian is a Bastrop ISD employee. An approved transfer student, including the child of a nonresident employee, shall be required to attend the school assigned by the Superintendent or designee.  2. A student zoned to a campus identified on the PEG (Public Education Grant) list.  3. Parent/guardian agrees to pay tuition of \$3,000 annually, billed on a monthly basis.		ent by the	Out-of-District Transfer application.  Failure to provide information or documentation required by the District.  The parent/guardian is no longer an employee of Bastrop ISD.  The stated reasons do not support granting the transfer request.  Non-payment of tuition.			
If the student is the child of a BISD employee, provide the employee's name and their workplace below:  BISD Employee's Name:  BISD Employee's Workplace:						
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## 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 <u>only</u> for the school year requested. Parents/guardians must apply for a renewal on an annual basis. Renewals <u>are not</u> automatic or guaranteed for the upcoming school year.
- 3. Approved Out-of-District Transfer students **must** abide by the Student Code of Conduct.
- 4. 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 or Boot camp; 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**.
- 5. 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).
- 6. PLEASE NOTE: A transfer may be revoked, at any time, if overcrowding occurs at the receiving campus.
- 7. Once the Out-of-District Transfer application is received by the Service Center, 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.

- 8. Please be aware that meeting one of the three reasons does NOT guarantee an automatic approval.
- The application deadline date is 5:00 pm, Friday, March 29<sup>st</sup>, 2019

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 Signature:	Date:					
BISD ADMINISTRATORS USE ONLY						
Date received by Student Services :						
□ Approved □ Denied Date: Transfer Committee Designee Signature						
Transfer request meets an approval reason for an Out-of-District Transfer: □ Yes Reason # □ No						
REASON DENIED/REVOKED: □ Reason Not Valid □ Closed Campus □ Overcrowding in Grade □ Other (Explain):						
Notification sent to parent/guardian: (date mailed)						
NOTES:						
Enrollment Date:( code 3) Student Attr (code 6)						