

AZLE INDEPENDENT SCHOOL DISTRICT
Out of District Transfer Request
Deliver to Desired Campus

This packet must be completed along with the district enrollment packet.

Are you new to the District: YES/ NO (CIRCLE ONE) Date of Application: _____

Student Name: _____ Student Date of Birth _____

Student Social Security Number _____ Previous Grade _____

Student Address/Mailing Address: _____ City, State, Zip: _____

Please mark any special programs that your child is currently in or may need:

Gifted and Talented Dyslexia Bilingual ESL
 Career and Technology 504 Special Education Speech

Has student ever been retained: _____ What grade level: _____ School requested: _____

Reason for requesting transfer (use back if necessary): _____

Mother/Guardian Name: _____ Email _____

Mailing Address: _____ City, State, Zip _____

Home Phone: _____ Cell Phone: _____

AISD Campus where employed if applicable _____

Father/Guardian Name: _____ Email _____

Mailing Address: _____ City, State, Zip _____

Home Phone: _____ Cell Phone: _____

AISD Campus where employed if applicable _____

***Required Documents* ALL INFORMATION MUST BE COMPLETED BEFORE SUBMITTING FOR APPROVAL**

Current and/or Previous School Year Report Card / Transcript
 Current and/or Previous Year Discipline Record
 Current and/or Previous Attendance Record
 Current and/or Previous STAAR or Standardized Test Results
 Completed Enrollment Packet

Name of school where student would attend: _____

Note: Student must be approved before being transferred. All reassignment requests are approved for one (1) school year. A student desiring to remain at the reassigned campus must re-apply each school year (before the set deadline of May 1, of each year). Forms should be submitted to the zoned campus for review. If transfer is approved, transportation is the responsibility of the parent. In accordance with the District's innovation plan, the District is exempt from state law requiring transfers to be for a one-year period. Therefore, violation of the terms of the agreement may result in revocation of the agreement during the school year, or may result in a transfer request not being approved the following year. FDA (LOCAL)

FOR CAMPUS USE ONLY

_____ APPROVED _____ DENIED _____ PENDING

Comments: _____

Requested Campus Principal: _____ Date: _____

Azle ISD Limited Open Enrollment Guidelines

All applications for transfer are required to meet the following standards:

- The student must not have more than 3 unexcused absences for the current and the previous school year.
- The student must be passing all classes in the current school year and passed all classes in the previous school year.
- The student must have passed all portions of his/her latest state test/assessment exam for the current (if applicable) and past two years; currently State of Texas Assessments of Academic Readiness (STAAR). Students from home school, private school or non-accredited school must show satisfactory scores on standardized achievement test.
- The campus principal may request to meet with the parents and student and have parents provide documentation of the above standards.
- The student must not be transferring for athletic purposes.
- In the current (if applicable) or previous school year, the student must not have more than 3 office referrals, a single DAEP assignment or committed an act that could result in an expulsion.

Factors that will be considered in approving open enrollment transfers include, but are not limited to:

- building capacity,
- current program or campus enrollment,
- growth projections,
- grade level enrollments,
- teacher allocations,
- professional staff allocations,
- and the student's academic, behavior and attendance history.

The superintendent or designee will declare schools open or closed for student transfers based on campus capacity, special circumstances, and/or other administrative considerations prior to each school year by July 1st.

- On each campus designated "open" for student transfers, the campus principal will declare the number of seats available at each grade level/program.
- Parents may apply at the open school(s) of their choice.
- The process of selection is on a first-come, first-served basis for students who meet the criteria. Preference will be given to the children of AISD full-time continuously employed staff members and students who are already in attendance at the requested campus.

Other factors:

- Students entering kindergarten are exempt from attendance and academic standards.
- Students who participate in University Interscholastic League (UIL) athletics are excluded from open enrollment transfers until they have verified eligibility through the Director of Athletics at 817-270-1725.
- Students who transfer for athletic purposes may lose all remaining eligibility.
- All transfer students who are outside the campus attendance boundaries must reapply and qualify annually.
- Application is by student and not family. This is required because the student is applying for a specific empty seat in a specific grade at a specific campus.
- The campus principal may deny a transfer for the next school year, or revoke during current school year if the student has poor attendance, excessive tardiness, or inappropriate behavior (i.e. more than three referrals, or placement in DAEP or Expulsion) .
- Azle ISD will not consider race, color, creed, religion, sex, national origin, ancestry, marital status, status with regard to public assistance, disability, age, sexual orientation or preference, military status.
- In case of overcrowding, the district reserves the right to move an out-of-district transfer to another campus if space is available.

AZLE I.S.D.
District Name

Texas Education Agency
Division of Equal Education Agency

220-915
County-District Number

Application for Transfer

2020-2021

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 disapproved and sign the transfer form. For further information, contact the Division of Equal Education Opportunity at (512) 463-9290.

Instructions:

Student's Name: Enter the student's full legal name

Ethnic Code: Enter the appropriate ethnic code using the following designations: (1) American Indian or Alaskan Native, (2) Asian or Pacific Islander, (3) Black, not Hispanic, (4) Hispanic, (5) White, not Hispanic

Attendance Data (Current Year): Enter the current county-district number and the campus number for the student (current district of residence). If number is unknown, please write the campus name.

County-District Number (Prior Year): Enter the county-district number for the student (prior school year). If number is unknown, please write the campus name.

Grade: Enter the grade to which the student will be assigned for the regular academic programs or special education programs during the next school year.

Campus Number (Receiving District): Enter the campus number to which the student will be assigned in the receiving district during the next school year.

Name of Student	Ethnic Code	Current Attendance Data Student's Residence		District Student Attended Prior Year Co. Dist. No.	Grade 2020-2021	Campus Assigned in Receiving District Campus No.
		Co. Dist. No.	Campus No.			
						220915__ __ __

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. (Azle ISD does not require tuition)

Parent's (Guardian's) Signature

This section must be completed by the receiving district superintendent:

The above transfer(s) was approved or disapproved on this _____ day of _____ 20__.

Typed Name of Receiving District Superintendent	Date	Telephone	Signature
Ray Lea		(817) 444-3235	