

VAISD Transfer Application

Van Alstyne ISD
District Name

Texas Education Agency
Division of Equal Education Opportunity

091-908
County-District Number

Application for Transfer

School Year _____ - _____

Authority for Data Collection: Texas Education Code 21.061; Civil Action 5281, Section A.

Planned Use of Data: To complete the report required by Federal Court Order Civil Action 5281.

Instructions: 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.

This section must be completed by parent or guardian.

Student _____ Age _____ School: VAES/VAMS/VAHS

Guardian _____ Relationship to Student _____

Address _____ Phone _____

City, State, Zip _____

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.

Required Documents for Processing: (1) Attendance (2) Discipline Report (3) Current grades (4) STAAR results

This section must be completed by the VAISD campus level principal

VAISD Campus _____ Name of Campus Principal _____

Availability of space at VAISD campus.
 Attendance record at previous school checked.
 Discipline record at previous school checked.

Transfer request (circle one): APPROVED DENIED

Send copies of completed application and all supporting documentation to the Superintendent's office.

| Student's Name | Ethnic Code | Current School of Student's Residence | | District attended prior year | Grade Applying for | VAISD campus |
|----------------|-------------|---------------------------------------|-----------|------------------------------|--------------------|--------------|
| | | Co Dist No | Campus No | Co Dist No | | |
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|---|------|---------------------|-----------|
| Typed Name of Receiving District Superintendent | Date | Telephone | Signature |
| Dr. David Brown | | 903.482.8802 | |

VAISD POLICY FDA (LOCAL) – INTERDISTRICT TRANSFERS

THIS FORM INTENDED FOR VAISD USE ONLY. DO NOT SEND TO TEA.

VAISD Transfer Application

Please initial beside each paragraph indicating you have read and understand this policy.

_____ The Superintendent is authorized to accept or reject any transfer requests, provided that such action is without regard to race, religion, color, sex, disability, national origin, or ancestral language.

_____ A resident student who becomes a nonresident during the course of a semester shall be permitted to continue in attendance for the remainder of the semester.

_____ A nonresident student wishing to transfer into the District shall file an application for transfer each school year with the Superintendent or designee. Transfers shall be granted for **one regular school year at a time**. (One regular school year is defined as August – June.)

_____ In approving transfers, the Superintendent or designee shall consider availability of space and instructional staff and the student's disciplinary history and attendance records.

_____ A transfer student shall be notified in the written transfer agreement that he or she must follow all rules and regulations of the District, including those for student conduct and attendance, and that violation of the District's rules and regulations may result in revocation of the transfer agreement. The effective date of the revocation will be set in accordance with the written transfer agreement.

_____ Written notification of any transfer revocation shall be sent to the school district of residence.

_____ Transportation will not be provided by the District.

SCHEDULE OF TRANSFER TUITION/FEEES

| | |
|---|--|
| Tuition: | \$250 per student <u>per semester</u> . Maximum tuition charge per family is \$750 <u>per school year</u> . |
| Payment: | Tuition shall be paid before the beginning of the semester. If a student transfers during the semester, the full semester's tuition is paid upon enrollment. Checks should be made out to Van Alstyne ISD. |
| Waiver of Tuition: | Transfer students who are the children of VAISD employee's and/or children for whom the VAISD employee serves as legal guardian are exempt from transfer tuition. |
| Waiver of Tuition Based on Hardship: | The District will waive the transfer tuition for students who qualify for free meals in the National School Lunch program. The tuition for students who qualify for reduced price meals in the National School Lunch program will be charged transfer tuition of \$50 per semester. The parent must request the Hardship Waiver in a letter addressed to the Superintendent of Schools. The written request must be accompanied by a completed Transfer Application and a completed application for the National School Lunch program. The district may require the parent and/or guardian to provide income verification before granting the waiver or tuition reduction. |
| Revocation of Transfer: | The district may revoke the transfer for any of the following reasons: <ol style="list-style-type: none">1. failure to pay tuition in a timely manner,2. student having excessive absences,3. student's repeated violations of the VAISD Student Code of Conduct or a single violation punishable by placement in the DAEP. The District will NOT refund transfer tuition paid for a student whose transfer has been revoked. |

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I, _____, being the parent or lawful guardian of _____, have read this transfer agreement and the transfer policy of Van Alstyne ISD. I realize that this agreement can be revoked by the school district if I fail to pay the transfer tuition by the published deadline, if my child(ren) fails to attend school regularly and/or if my child(ren)'s conduct and demeanor are not consistent with the rules and regulations of Van Alstyne ISD. Furthermore, I understand the District will not refund any of transfer tuition should the District revoke the transfer of my child(ren).

Signature of Parent/Guardian

Date

State of Texas

County of Grayson

On this, the _____ day of _____, 20____, before me a notary public, the undersigned officer, personally appeared _____, known to me (or satisfactorily proven) to be the person whose name is subscribed to the within instrument, and acknowledged that he/she executed the same for the purposes therein contained.

In witness hereof, I hereunto set my hand and official seal.

Notary Public

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