

2021-2022
SAN ANGELO INDEPENDENT SCHOOL DISTRICT
OUT-OF-DISTRICT STUDENT TRANSFER APPLICATION

INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED

San Angelo ISD campuses are open year-round to out of district transfer requests. All out-of-district transfer applications must be *emailed* to transfers@saisd.org or *hand delivered* to the Student Services Office located at 1621 University Ave., San Angelo, TX 76904.

Student Last Name, First Name, Middle Name _____ Grade for 2021-2022 _____

Address _____ City/State _____ Zip Code _____

Last 4 digits of Student's Social Security # XXX-XX-____ Student's Age _____ Date of Birth _____

Name of Current District and Campus _____ **CAMPUS to Which You are Seeking Enrollment**

Parent Name (Please Print) _____ Telephone Number (Home/Cell) _____

Has student been removed to an alternative education program or expelled in the previous school year?
____ Yes ____ No If yes, state offense and duration of assignment: _____

Parent's Email Address: _____

*******NOTIFICATION OF DECISION WILL BE SENT BY EMAIL*******

A transfer request may be denied if **any** of the following conditions exist:

- The parent/guardian cannot furnish transportation.
- The transfer is to avoid a discipline situation, academic difficulty, or attendance concerns.
- False information is provided on the transfer request.
- Either sending or receiving principal or the Director of Student Services disagrees with the transfer.

Describe why you are requesting this transfer for your child:

Continued on back

Parent Agreement Conditions (parent must agree to all conditions by initialing and signing below):

- _____ I understand that I am responsible for delivering my child to campus on time and for picking up my child as soon as the school day is completed. If I do not keep this commitment, my child may be revoked back to the home campus.
- _____ If attendance problems develop, including tardiness, my student's transfer may be revoked.
- _____ I understand that if my child becomes a serious discipline problem, my child's transfer may be revoked.
- _____ I understand that all information received must be true. False information on a transfer request may result in revocation of transfer.
- _____ I understand that this transfer is a privilege and may be revoked for any parent/student misconduct.

My signature below authorizes the school districts named above to disclose to each other confidential information regarding the above-named student.

Parent/Guardian Signature

Date

Director of Student Services

Date

SAISD Employees, please complete this section:

Employee's Current Job Assignment

Employee's Current Campus

Thank you for your interest in attending San Angelo ISD.

FOR OFFICE USE ONLY

UPDATED MARCH 8, 2021

DATE _____

APPROVED _____ HOLD _____ DENIED _____

_____ ACADEMIC PERFORMANCE

_____ ATTENDANCE

_____ CAPACITY

_____ DISCIPLINE