

LOCKHART INDEPENDENT SCHOOL DISTRICT

OUT-OF-DISTRICT (Non-Resident) STUDENT TRANSFER REQUEST FORM

2021-2022 School Year



TRANSFER IS REQUESTED FOR: ____ GRADE Did the student attend Lockhart ISD the 2020-2021 school year? ____ Yes ____ No*

If YES...which LISD school attended in 20-21: _____ If NO...School District Last Attended: _____

Student Name: _____ Current Grade: _____

Social Security No.: _____ Gender: ____ M ____ F Date of Birth: _____

Parent/Guardian Name: _____ Email Address: _____

Physical Address: _____ City/State: _____ Zip: _____

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

Home Phone #: _____ Work Phone #: _____ Cell Phone #: _____

Reason for Request: LISD Employee Position: _____ Campus/Department: _____

Open Enrollment

Moving out of district, wish to remain in LOCKHART ISD for the rest of the current school year. Move Date: _____

Building/Buying a residence in LOCKHART ISD, Estimated Move in Date: _____

CAMPUS REQUESTED: 1. _____ 2. _____ 3. _____

If you feel that additional information is necessary for your request to be considered, please attach a separate letter of explanation to this form.

Kindergarten Requests Only: Attended Preschool? ____ Yes ____ No Preschool Name _____ Phone#: _____

Required Documents:

Most recent report card (K-12)
Test Scores (STAAR Assessment) (4-12)
Documentation of Satisfactory Attendance & Discipline Records (K-12)
Transcripts (K-12)

Ethnicity (required by TEA):

American Indian or Alaskan Native
Asian or Pacific Islander
Black
Hispanic
White

Special Services being Provided:

Special Education	Speech
Career and Technology	Bilingual
504	None
ESL	
GT/TAG	

OUT OF DISTRICT TRANSFERS (Required Information – MUST complete if you do not live within LOCKHART ISD Boundaries)

**Resident School District _____ Resident School (Campus) _____

**Resident school district is the district in which you live. Resident school is the school you would attend not attending LOCKHART ISD.

SIGNATURES (OUT OF DISTRICT/OPEN ENROLLMENT/MOVING OUT OF DISTRICT/BUILDING)

- I understand that, if approved, the transfer is granted conditionally on student behavior, program availability, and attendance, including tardies.
- I understand that this transfer, if approved, is effective for one school year only.
- I understand that transportation to the requested school is my responsibility.
- I understand that falsification of information is a Class A misdemeanor and can lead to legal action.
- I have read and understand the District policy (FDA Local) on out of district transfers. I agree to abide by all rules and regulations set forth in this policy.
- I understand that as a transfer student school placement may be changed to accommodate resident students.

Parent/Guardian Signature: _____ Date: _____

LOCKHART ISD – OFFICE USE ONLY

Deputy Superintendent: _____ Approved Denied Date: _____

Out of District County District # _____ Reason for Denial:
 Availability Attendance Discipline