

**2022-2023**  
**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](mailto: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 2022-2023 \_\_\_\_\_

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 grades and/or 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

**Send Form**