



3315 Washington Street
 Commerce Texas, 75428
 PHONE: (903) 366-0970
 FAX: (903) 886-6025

Student Grade: _____

TRANSFER ADMISSION APPLICATION

IMPORTANT NOTICE: According to the provisions of the Texas Education Code (TEC) § 23.002(d), presenting false documents or false record is a Class A Misdemeanor offense under Section 37.10 of the Texas Penal Code. According to the provisions of TEC § 25.001(h), a person who knowingly falsifies information on a form required for enrollment of a student in a school district is liable to the district if the student is not eligible for enrollment in the district but is enrolled on the basis of the false information. The person is liable, for the period enrolled or the greater of:

- (1) the maximum tuition fee the district may charge under TEC § 25.038; or
- (2) the amount the district has budgeted for each student as maintenance and operating expenses.

To the Applicant and/or Parent(s): The contents of this application will be kept confidential. Please complete the entire application before it is returned, and please print clearly. **Failure to submit a fully completed application may result in denial of transfer.** This application for admission to Commerce ISD is made on behalf of:

Student _____

with acceptance of the regulations and procedures of Commerce ISD as they are stated at the end of this application.

Student's Date of Birth: _____ Age: _____ Sex: M F

Student's Place of Birth: _____ County: _____ Country: _____

ADMISSION PROCEDURES:

The District will review your application for transfer. In approving transfers, the District will consider the availability of space and instructional staff, the student's disciplinary history, student's attendance records, and the student's academic record. Commerce ISD does not discriminate on the basis of race, religion, color, sex, disability, national origin, or ancestral language.

BASIC INFORMATION:

Are you the parent or legal guardian of this child?	No	Yes	
Is there a custody agreement in place for this child?	No	Yes	If yes, please provide documentation.
Do you have the legal right to make educational decisions for this child?	No	Yes	

Name of Parent(s) / Guardian(s): _____

Street Address: _____

Mailing Address (if different): _____

Phone No.: _____

Father: _____ Employed at: _____

Work Phone: _____ Cell: _____

Mother: _____ Employed at: _____

Work Phone: _____ Cell: _____

Guardian: _____ Employed at: _____

Work Phone: _____ Cell: _____

Parent / Guardian E-Mail Address: _____

ACKNOWLEDGEMENT: Parent/Guardian must initial each of the following:

_____ I understand that attendance at Commerce ISD as a transfer student is a privilege, and as such, my student and I agree to abide by all aspects of the districts policies and terms associated with my transfer status.

_____ I understand that my student will be expected to follow all rules and regulations of Commerce ISD, including those for student conduct and attendance, and that failure to do so may result in the future ineligibility to be a transfer student and that the District may ask the student to withdraw if it occurs during the school year.

_____ I understand that, if approved, the transfer is for a period of one school year only and that my student must reapply for transfer each year.

_____ I understand that being approved for transfer in one school year creates no right or expectation that my student will be admitted as a transfer student in subsequent years. I further understand that admission of one student in a family creates no right or expectation that another student from the same family will be admitted as a transfer.

_____ I understand that in determining whether my student will be permitted to enroll in Commerce ISD, the District will consider the student’s discipline record, attendance record, academic record, and class size and space availability.

_____ I understand that Commerce ISD **will not** be responsible for transportation of my student to and from school. I will be responsible for the transportation of my child to and from school.

_____ I understand that falsification of information in this application is a Class A Misdemeanor and can lead to legal action.

I agree that the information contained within this application is true and correct.

Student’s Signature: _____ Date: _____

I verify that the information contained within this application is true and correct, and I hereby consent to the release of my child’s academic records and personal data for the purpose of determining acceptance to Commerce Independent School District.

Parent’s Signature: _____ Date: _____

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FOR OFFICE USE ONLY

Is space available at the required grade level?	_____ Yes	_____ No
Is Applicant’s disciplinary record acceptable?	_____ Yes	_____ No
Is Applicant’s academic record acceptable*? <i>(If student has a disability, has this been reviewed by the appropriate administrator?)</i>	_____ Yes	_____ No
Is Applicant’s TAKS/STARR record acceptable?	_____ Yes	_____ No

Administrator Signature _____