



INTER-DISTRICT TRANSFER AGREEMENT (OOD)
NON-RESIDENT STUDENT REQUEST TO TRANSFER INTO THE DISTRICT

To be eligible to request an inter-district transfer, a student must be the child, grandchild, or sibling of a district employee; or the student or a sibling of the student must be or have previously been enrolled in the District.

1. This transfer is effective for the current school year only.
2. Although approval of a transfer does not guarantee or imply the approval of future transfers to the same campus, the feeder campus or of siblings to the same campus; students currently attending the requested campus or feeder campus will receive a preferential transfer window.
3. The parent or the student will be responsible for transportation to and from the District school to which the student is transferred.
4. The student must maintain acceptable levels of attendance, good academic standing, and compliance with District rules and regulations, including the Student Code of Conduct, throughout the entire school year.
5. If this agreement is revoked, revocation ordinarily will be effective at the end of a semester; however, the Superintendent has discretion to revoke the transfer immediately if the student's continued attendance threatens the safety of other students or teachers or will be detrimental to the educational process.
6. The student and parent acknowledge that eligibility of transfer students for participation in any UIL activity or other activities governed by UIL rules and regulations will be determined in accordance with UIL rules and regulations.
7. Except as modified by this transfer agreement, the student will be subject to all policies, regulations, rights, privileges, and responsibilities of enrollment in the District as if he or she resided in the District.

All decisions will be made based on: **Student's academic, discipline, and attendance records.**

Due to rapid growth in Princeton ISD, some campuses or campus grade levels may be closed to inter-district transfers. The Board's designee will generally deny requests for student inter-district transfers to campuses projected at 90 percent capacity or greater unless significant extenuating circumstances exist.

All inter-district transfers should be submitted to **Princeton ISD Central Administration, at 321 Panther Parkway, Princeton, TX 75407.**

Type of Student Transfer	Transfer Window Opens	Transfer Window Closes
Students currently attending the requested campus or feeder campus	8 a.m. on March 24, 2025	April 7, 2025
Current PISD students NOT attending requested campus or feeder campus.	8 a.m. on April 14, 2025	May 27, 2025
Students new to the district.	After June 2, 2025	



**INTER-DISTRICT APPLICATION (OOD)
NON-RESIDENT STUDENT REQUEST TO TRANSFER INTO THE DISTRICT**

1. Student's name: _____
2. Current address: _____

3. Parent's name: _____
4. Home phone: _____ Cell Phone: _____
Work phone: _____ Email: _____
5. School district in which student resides:
District: _____
Campus: _____
Address: _____
Phone: _____
6. Reason for transfer request: _____

7. Is a parent, grandparent, or sibling employed by Princeton ISD? Yes No
8. Has the student or a sibling ever been enrolled in Princeton ISD? Yes No
9. Extenuating circumstance for transfer request: _____

10. Student's grade level for year of requested transfer: _____
11. Student's attendance record:
 - a. How many days was the student absent in the school year prior to the year for which a transfer is requested? _____
 - b. If this request is for a transfer during a school year, how many days has the student missed in the current school year? _____
 - c. If the student missed more than 10 percent of the days in the school year, please provide an explanation:

12. Has the student been expelled or removed to a DAEP for one or more days in the most recent school year? Yes No During the preceding year? Yes No
If yes to either question, for what offense(s)? _____

13. Is the student in good academic standing in the most recent school year? Yes No
During the preceding year? Yes No
If "no" to either question, please provide an explanation: _____

14. Please list campus(es) of requested inter-district transfer in order of preference:
1. _____
2. _____
3. _____

15. Please read the *Princeton ISD Inter-District Transfer Agreement* attached.

16. Student transfers must be reported to the Texas Education Agency. Please fill out the *Texas Education Agency Application for Transfer* form attached.

As a parent or person standing in the position of legal responsibility for the child named in this request, I acknowledge that I have received a copy of Princeton ISD Inter-District Transfer Agreement. I also certify the information provided in this form is true and factual to the best of my knowledge, and I understand that if any of this information is ever found to be incorrect, this application may be denied or revoked.

Parent Signature _____ Date _____

PRINCETON ISD INTER-DISTRICT TRANSFER
2025-2026

Authority for Date Collection: Texas Education Code 21.601; Civil Action 5261, Section A
Planned Use of Date: To complete the report required by Federal Court Order Civil Action 5261.
Instructions: This form must be used for all student transfers within the State of Texas, including hardship. Column instructions can be found on the reverse side of this form. The Superintendent of the receiving district must circle approved or disapproved and sign the transfer form. For further information, contact the Division of Equal Education Opportunity at (512) 463-9671.

District of Residence: _____ School District Attended in **2024-2025**: _____

(Please do not fill in shaded boxes. Shaded areas are for Administration use only.)

Student's Name	Ethnic Code	Current Attendance Date Student's Residence		District Student Attended Prior Year	Grade for 2025-2026 School Yr	Campus Assigned/ Receiving District
		Co. Dist. No.	Campus No.	Co. Dist. No.		Campus No.

Student's Name	Social Security Number	Birth Date

This section must be completed by parent or guardian:
 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.

Signed: _____

Street Address: _____ Mailing Address: _____

City, State, Zip: _____ City, State, Zip: _____

Home Phone: _____ Work/Cell Phone: _____

This Section must be completed by the receiving District Superintendent.
 The above transfer(s) was: approved / disapproved on: _____.

Typed Name of Receiving District Superintendent	Date	Telephone	Superintendent's Signature
Donald McIntyre		(469) 952-5400	