



Sweet Home Independent School District

7508 FM 531, Sweet Home, Texas 77987

Ph: (361) 293-3221

Fax: (361) 741-2499

Applicant #

Grade Level for 2025-2026:

APPLICATION FOR TRANSFER FOR SCHOOL YEAR 2025-2026 (NEW TRANSFER)

SHISD STAFF COMPLETE:
Application issued on: _____ Date of Return: _____

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. Write clearly in black or blue ink. Failure to submit a fully completed application may result in denial of transfer.

This application for admission to the Sweet Home School is made on behalf of:

Last Name	First	Middle
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with acceptance of the regulations and procedures of the Sweet Home School as they are stated at the end of this application, Board Policy, and the Transfer Agreement.

Applicant's Date of Birth: _____ Age: _____ Sex: ___ M ___ F
Ethnicity: ___ Asian ___ Black ___ Hispanic/Latino ___ Native American ___ White ___ Other

SECTION I: BASIC INFORMATION

Are you the parent or legal guardian of this child? ___ No ___ Yes

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

Physical Address: _____

Mailing Address (if different): _____

City: _____ State: _____ Zip Code: _____

Phone Numbers: _____

SECTION II: EXCEPTIONS

Please indicate the exception statement that qualifies your student for transfer. Please provide additional information or documentation as needed.

___1. A nonresident District employee may request that his or her child be permitted into District schools by filing an application with the superintendent or designee at any time. Transfer applications filed under this exception are not subject to the application deadline(s) and will not be denied based on the student’s desire to effectuate the transfer after the first day of instruction of the school year.

___2. A nonresident sibling of a previously accepted transfer student who continues to be enrolled in the District may be accepted for transfer to the District as per Transfer Agreement #1.2.

___3. A nonresident student who will become a District resident by the end of the first six weeks period of the school year for which enrollment is sought may be accepted for transfer provided that sufficient proof of future residency is submitted to the District at the time the transfer request is filed.

___4. The transfer application of a nonresident student who will be classified as a Pre-K through eighth grade student during the school year for which transfer is requested may be considered for transfer to the District only after all other transfer requests have been considered.

Are you applying for acceptance into the Pre-K program? (If YES, your child must be 4 years old before September 1 st .)	_____ YES	_____ NO
Did your child attend a Head Start program?	_____ YES	_____ NO
<i>IF APPLYING FOR THE PRE-K PROGRAM, DO NOT COMPLETE SECTIONS III – VI. SKIP TO SECTION VII TO COMPLETE.</i>		

SECTION III: ACADEMIC/EDUCATIONAL INFORMATION

Are you currently enrolled in school? _____ Yes _____ No Grade Level for 2024-2025: _____

If no, explain: _____

If yes, name of present school and location: _____

School district of residence: _____

Have you repeated a grade(s)? _____ Yes _____ No If yes, which grade(s): _____

Have you failed a class(es) for any 6- or 9-week grading periods in the previous two school years?
_____ Yes _____ No If yes, which class(es): _____

FOR STUDENTS WHO WILL BE IN GRADES 4-8:

- Reading STAAR Scores in Reading for the past school year _____
- Math STAAR Scores in Math for the past school year _____
- Science STAAR Scores in Science for grade 5 (if applicable) _____

SECTION IV: SPECIAL PROGRAM INFORMATION

Please check all that apply:

At Risk Title I ESL/Bilingual LEP 504 Migrant
 Speech Therapy Special Education Dyslexia Gifted & Talented

SECTION V: RECORD OF PREVIOUS SCHOOL ENROLLMENT

(Note: Your signature at the end of this application indicates your approval for Sweet Home ISD to request and receive academic, disciplinary, attendance, and any other related information from the above school districts of previous enrollment in order to make transfer determination.)

Grade(s)	Name of School & Location (City & State)	Year(s) Attended

SECTION VI: DISCIPLINE/ATTENDANCE INFORMATION

Have you ever been in a Discipline Alternative Education Program (DAEP)? No Yes
If yes, please explain: _____

Have you ever been or are currently suspended/expelled? No Yes
If yes, please explain: _____

Are you currently on probation or other conditional release for a conviction of a criminal offense?
 No Yes If yes, (number of times) explain: _____

Have you engaged in delinquent conduct or conduct in need of supervision and are on probation or other conditional release for that conduct? No Yes If yes, (number of times) explain:

Have you been assigned to In School Suspension during the past two school years? No Yes
Please explain _____

Complete the following information:

_____ Number of absences (current year) _____ Number of tardies (current year)
_____ Number of absences (last year) _____ Number of tardies (last year)

Please check all of the following that apply:
 Excessive Absences Excessive Tardies Fighting

SECTION VII: CERTIFICATION AND AUTHORIZATION OF INFORMATION

I certify that the information on this application is complete and correct. I understand that the submission of false information is grounds for denial of my application, withdrawal of any offer of acceptance, cancellation of enrollment, or appropriate disciplinary action. I understand that the Sweet Home Independent School District expects a high standard of conduct from its students, and if accepted for admission, I will abide by all rules and regulations of the Sweet Home Independent School District as set forth in the Student Code of Conduct, Parent / Student Handbook, Transfer Agreement, and School Board Policy. I authorize the Sweet Home Independent School District to verify the information I have provided. I agree to notify the proper officials of the Sweet Home Independent School District of any changes in the information provided.

Parent/Guardian Signature: _____ **Date:** _____

Please refer to policy FDA (LOCAL) located on the Sweet Home ISD website.

Authorization for Release of Student Records from Previous School Districts

I, (name of parent/guardian) _____ authorize the Sweet Home Independent School District to request and accept my child's information from all school districts attended as stated in this application for transfer. Information requested shall include:

Attendance Records; Academic Data (Report Card Grades, TPRI Reports, TAKS Testing Results); Discipline Data (Office Referrals, Disciplinary Placement Assignments – ISS, OSS, DAEP, GOALS)

Special Programs Information (Identification of Special Programs include Special Education; 504; Dyslexia; Title I; At-Risk; ESL/Bilingual; Gifted and Talented; Migrant; and Homeless)

Student's Name _____

Parent/Guardian Signature _____ **Date:** _____

Revocation of Transfer

- If the above mentioned transfer student places the Sweet Home ISD in a position of non-compliance of state requirements 22 to 1(students to teacher ratio) the transfer will be terminated.
- If there is a problem with the parent/guardian arranging consistent and reliable transportation to and from school, the transfer shall be terminated.
- If the student commits a severe behavioral disruption or disciplinary rule violation and/or demonstrates a pattern of non-compliance with district rules and procedures, the transfer shall be terminated immediately.
- If the student has problems with attendance, tardies(arriving to school late), leaving school early, low grades due to lack of effort, or lack of parent/guardian cooperation, the transfer shall be revoked immediately.
- Failure to maintain student accounts for cafeteria, fees, tuition, and dues, shall result in the transfer being terminated.
- Due process shall be given to the student prior to the recommended revocation by the school administration.

I certify that I have read the above information and will agree to abide by these expectations.

Parent Signature

Date

SHISD OFFICE USE ONLY

The above transfer was ___approved ___disapproved on the ___day of _____.

Dr. Candace Pohl, Superintendent