GREG GILBERT
SUPERINTENDENT

SANTO INDEPENDENT SCHOOL DISTRICT

P.O. BOX 67
SANTO, TEXAS 76472

ADMINISTRATION
PHONE: 940-769-2835
FAX: 940-769-3116

To: Parents or Guardians of Non-Resident Students

Santo ISD is a proud school district with a rich history of traditions and high expectations for academics. Your interest in this school district is appreciated and we welcome students and parents who desire quality education in a balanced environment. Each applicant for transfer—new or current—must complete an application form and return to the respective campus office the deadlines below.

For possible new enrollment or continuing transfer status, the application must be submitted by June 15th for Semester 1. Mid-year transfer requests must be submitted by December 1st for Semester 2. Applicants will be given consideration for the upcoming fall and/or spring sessions based on established criteria. An individual's request for transfer into the Santo ISD will be evaluated on attendance, discipline, performance on both state and local assessments, and class size on a semester basis; transfers may be revoked at any time based on established criteria listed later in this packet.

If you are a potential new transfer to the district, be prepared to write a written statement of your desire to attend this school district and know that an interview with the campus principal will be required. Transfer students will be accepted in compliance with Court Order Civil Action 5281.

Campus principals will make recommendations for transfer approval or revocation to the Superintendent who will have the discretion to accept or reject a transfer student at any time. Class size, attendance, discipline, scholarship, and citizenship will be considered when accepting or rejecting a transfer student. At any time during the school year that a student becomes negligent of district transfer requirements, the student's transfer may be revoked.

Sincerely,



Greg Gilbert, Superintendent
Santo ISD

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Santo ISD Revocation of Transfer Policy

Santo ISD reserves the right to revoke/rescind the transfer of a student at any time during the year if the student violates district expectations of:

1. **Student Behavior:** When the student's behavior warrants an In-School Suspension or DAEP placement, the Superintendent or designee may revoke the transfer application. Each case will be handled on a case-by-case basis according to discipline history and circumstances.

2. **Attendance:** If a student's attendance falls below 90% or the TEA truancy standard of the four unexcused absences in a four-week period or ten unexcused absences in a 6-month period of time, the transfer application may be revoked. Multiple instances of late arrival, early dismissal, or late pickup may also result in a revocation of a transfer.

3. **Academic Achievement:** Failure of two or more core classes for two six weeks may result in a revocation of a transfer

4. **Falsifying Documentation:** If any information on the transfer application or registration paperwork is found to be false, the transfer application may be revoked.

5. **At the campus principal's discretion**

Communication with parents will be a priority. Campus principals will refer requests to rescind transfer students to the superintendent who will make the final decision to retain or rescind a transfer student.

I understand and agree to abide by to the above policy.

_____	_____	_____
Parent/Guardian Name	Student Name	Student Grade
_____	_____	_____
Parent/Guardian Signature	Student Signature	Date

SANTO ISD APPLICATION FOR TRANSFER 2026-2027

Date of Application: _____Student Social Security #: _____Student Name:_____

2024-25 Grade _____ Date of Birth _____ School District you **reside** in _____

Father's Name (or Guardian) _____ Telephone # _____

Mother's Name (or Guardian) _____ Telephone # _____

Alternative Numbers (Father)_____(Mother)_____(Relative)_____

Name of Last School Attended: _____City _____

Dates of Attendance: _____Name of Principal _____ _____

PLEASE ATTACH THE FOLLOWING DOCUMENTS: (NEW TRANSFERS ONLY)

1. Copy of most recent report card.
2. A copy of transcript/academic achievement record (7th-12th grade).
3. Copy of most recent STAAR/EOC scores.
4. Copy of discipline history.
5. Copy of attendance records.
6. Copy of Birth Certificate.
7. Copy of Social Security card.

(PLEASE REVIEW INFORMATION) SANTO ISD TRANSFER POLICY

1. Transfers will be considered on a case-by-case basis for each student each year.
2. Santo ISD does not charge a tuition fee.
3. Santo ISD is not responsible for transportation of non-resident students.
4. For new enrollment: Applications must be submitted by June 15 for Semester 1 and December 1 for Semester 2.
5. Renewal transfer applications must be submitted by May 1st. Approval/denial decisions will be made after receiving state assessment scores.
6. Approved **Transfer Student requests** shall be effective per the District's DOI plan and are subject to comply with all District policy requirements and/or Transfer guidelines/requirements.

(PLEASE REVIEW INFORMATION) GENERAL GUIDELINES FOR ACCEPTANCE

1. Transfer students must not have a record of discipline issues at the sending school or while a student at Santo ISD.
2. Transfer students must not create a class overload.
3. Transfer students must not have a record of excessive absences or tardies, nor accumulate excessive absences or tardies at Santo ISD.
4. Transfer students entering grades 4-12 must have passed their latest state assessment exams and shall be required to pass all state assessment exams administered by Santo ISD.
5. Transfer students must be passing all classes taken at the sending school and be eligible for promotion to the next grade.
6. Transfer students must pass all classes at Santo ISD.
7. Students may not transfer for athletic purposes.
8. Transfer students must comply with requirements in the Santo Student Handbook and Code of Conduct. (Available online at: https://www.santoisd.net or a copy may be requested). Parent/Guardian and student must sign the Revocation of Transfer Policy Form.
9. Failure to comply with any of the above guidelines or requirements will be grounds for denial or revocation of transfer status. Guidelines may be waived or modified at the Superintendent's discretion due to extenuating circumstances. Any conflicts will be resolved by the Superintendent. The Superintendent's decision is final.

REQUIRED WRITTEN STATEMENT
(NEW TRANSFERS ONLY)

FOR STUDENTS K-5
Parents will attach a signed handwritten statement explaining why they want their children to attend Santo ISD instead of the school district where they reside.
FOR STUDENTS 6-12
Students will attach a signed handwritten statement explaining why they want to attend Santo ISD instead of the district where they reside.

REQUIRED INTERVIEW
(NEW TRANSFERS ONLY)

The completed transfer application and all required documentation must be submitted to the appropriate campus principal by the designated deadline. The principal will review the information and schedule an appointment for the parent and student interview. The Principal will then make a recommendation for approval or denial to the Superintendent.

ACKNOWLEDGMENT

I acknowledge that I have read and understand the SANTO ISD transfer policy and general guidelines for acceptance.
I further acknowledge that the Superintendent's decision in all transfer cases is final.

_____ _____

PARENT/GUARDIAN DATE STUDENT DATE

_____

PRINCIPAL DATE

RECOMMEND: APPROVE DENY
(If denied, please briefly state why)

TEXAS EDUCATION AGENCY
DIVISION OF EQUAL EDUCATION OPPORTUNITY

Boxed sections must be completed by parent or guardian; SISD campus staff will assist you with the remainder.

Authority for Data Collection: Texas Education Code 21.061; Civil Action 5281, Section A

Planned Use of Data: To complete the report required by Federal Court Order Civil Action 5281.

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 denied and sign the transfer form. For further information, contact the Division of Equal Education Opportunity at (512) 463-9671.

		Current Attendance Data Student's Residence		District Student Attended Prior Year		Campus Assigned in Receiving District
Student's Name	Ethnic Code	Co. Dist. No.	Campus No.	Co. Dist. No.	Grade	Campus No.

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: _____
Parent's (Guardian's) Signature

Street Address _____

City, State, Zip: _____

This section must be completed by the receiving District Superintendent:

The above transfer(s) was (approve) (deny) on this the _____ day of _____, 20___.

Name of Receiving
District Superintendent

Greg Gilbert, Superintendent_____ 940-769-2835 _____
Date Telephone Signature

One copy should be retained at both districts for audit purposes.
DO NOT MAIL TO THE TEXAS EDUCATION AGENCY.
(IF DENIED, BRIEFLY STATE WHY)