

APPLICATION FOR TRANSFER ADMISSION



To the Parent(s) and/or Guardians(s): The contents of this application will be kept confidential. Please complete the entire application for proper consideration. Please complete the form in ink and write your answers clearly. This application for submission to the Poth Independent School District is made in acceptance of the regulations and procedures of the Poth ISD Non-Resident Transfer Student Agreement. **Failure to submit a complete application may result in denial of transfer.**

Transfer Application is: <input type="checkbox"/> New <input type="checkbox"/> Renewal	Transfer Request for: _____ (School Year)
Student Name: _____	Grade Level for School Year Above: _____
Age of Student: _____	Social Security # of Student: _____
Student's DOB (mm/dd/yyyy): _____	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Place of Birth: _____	County: _____ Country: _____

Ethnicity (please check one): <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino
Race (please select all that apply): <input type="checkbox"/> White <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <div style="text-align: center; margin-top: 5px;"><input type="checkbox"/> African American <input type="checkbox"/> Native Hawaiian/Pacific Islander</div>
Student lives with: <input type="checkbox"/> Both Parents <input type="checkbox"/> One Parent <div style="text-align: center; margin-top: 5px;"><input type="checkbox"/> Parent & Step Parent <input type="checkbox"/> Legal Guardian</div> <div style="text-align: center; margin-top: 5px;"><input type="checkbox"/> Other, please explain: _____</div>
Name of individual completing this application: _____
Are you the parent or legal guardian of this child? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a custody agreement in place for this child and do you have the legal right to make educational decisions for this child? <i>(If yes, please attach supporting documentation to this application)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No
Is either parent/guardian an employee of Poth ISD? <input type="checkbox"/> Yes <input type="checkbox"/> No

PARENT/GUARDIAN CONTACT INFORMATION

First Primary Guardian's Name: _____

Relationship to Student: _____

Physical Address: _____

Mailing Address (if different): _____

Cell Phone Number: _____

Personal Email Address: _____

Employer: _____

Work Phone Number: _____

Work Email: _____

Second Primary Guardian's Name: _____

Relationship to Student: _____

Physical Address: _____

Mailing Address (if different): _____

Cell Phone Number: _____

Personal Email Address: _____

Employer: _____

Work Phone Number: _____

Work Email: _____



ACADEMIC/EDUCATIONAL INFORMATION

School District of Residence: _____

Is the student currently enrolled in school? ___ Yes ___ No

If yes, name of present school, address, and grade level:

If no, please explain: _____

Has the student ever repeated a grade? ___ Yes ___ No

If yes, which grade(s) and why? _____

Has the student ever failed a class? ___ Yes ___ No

If yes, which class(es) and why? _____

Has the student ever been identified as or participated in any of the following programs? ___ Yes ___ No

If yes, please check all that apply:

- ___ At-Risk ___ Title I ___ ESL/Bilingual
- ___ 504 ___ Migrant ___ Lunch Program: ___ Free ___ Reduced
- ___ Speech Therapy ___ Gifted & Talented

Special Education: Instructional Setting? i.e. Resource, Inclusion, LIDS (*If Applicable*)



RECORD OF PREVIOUS SCHOOLING

Please list all previous schools, locations, grade level and dates:

DISCIPLINE INFORMATION

Has the student ever been in a Discipline Alternative Education Program (DAEP)? Yes No

If yes, please explain: _____

Has the student ever been expelled or assigned any disciplinary placement such as ISS? Yes No

If yes, please explain: _____

Has the student engaged in delinquent conduct or been placed on supervision/probation? Yes No

If yes, please explain: _____

Has the student ever been convicted of a criminal offense? Yes No

If yes, please explain: _____

***At the district’s discretion, verification of discipline from previous school district(s) may be requested.**



ADDITIONAL INFORMATION

Why is your child leaving their current school district (if not a Kindergarten application)?

Why do you want your child to be at Poth ISD?

AN INCOMPLETE APPLICATION WILL NOT BE CONSIDERED.

Upon the completion of these procedures, the Admissions Committee will meet and review each candidate. Student/Parent interview will be scheduled after receipt and review of a complete application. Factors for transfer consideration are academic record, attendance record, discipline record, test results, and parent/student interviews. Applicants should be committed to their academic achievement, enjoy learning, and contribute to the overall strength of the Poth Independent School District. Falsification of student records will result in automatic denial and/or revocation of transfer.



TUITION EXEMPTIONS

Do you qualify for any of the following tuition exemptions or exceptions for Poth ISD?

___ Parent or Guardian is a Full-Time Employee of Poth ISD

___ Parent or Guardian is a Substitute or Part-Time Employee of Poth ISD planning to meet the 34 day work requirement for the school year
(The full tuition payment is still required by the due date(s). If the work requirement is met, the district will issue a full refund of tuition paid for that school year.)

___ Parent or Guardian will be paying Property Taxes to Poth ISD for the upcoming school year
(Proof of taxes owed/paid will be required before September 1 of the school year. Statement of values and Potential Taxes from Wilson County or previous year's tax payment receipt.)

___ Nonresident Student is in a Grandparent's after school care per Poth ISD Board Policy FD
(The district will verify that requirements within board policy FD are met before the notification of tuition waiver is granted.)



REGULATIONS AND PROCEDURES

Enrollment is understood to be for the full school year. Poth Independent School District reserves the right to insist upon the immediate withdrawal of any student whose presence is considered by the school district to be detrimental to the best interest of either the student or the district.

Poth Independent School District does not discriminate in admissions, educational programs, or employment against any individual on the basis of sex, age, national or ethnic origin.



I certify all the information submitted is true and accurate to the best of my knowledge. I further certify that I have read Poth Independent School District’s Board Policy FDA (LOCAL) concerning transfers **AND** the Poth Independent School District Non-Resident Transfer Student Agreement and understand that the intentional submission of false information is grounds for denial of my application, withdrawal of any offer of acceptance, cancellation of enrollment, or appropriate legal action. I understand that if a transfer is granted on false information, it is subject to revocation.

I understand that the Poth Independent School District expects a high standard of conduct from its students, and if accepted for admission, I will abide by the rules and regulations of the Poth Independent School District as set forth in the Student Handbook. I understand that transfers are evaluated yearly and acceptance is not guaranteed. I authorize the Poth Independent School District to verify the information I have provided. I agree to notify the proper officials at Poth Independent School District of any changes to the information provided.

NOTICE Accounting to the provisions of the Texas Education Code (TEC) 23.002(d), presenting false documents or false records 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 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.

I hereby consent to the release of my child’s academic records and personal data for the purpose of determining acceptance to the Poth Independent School District.

Parent/Guardian Printed Name

Parent/Guardian Signature

Date

School District Use Only

Application Issued: _____ Application Returned: _____ Interview Date/Time: _____

Transfer is: ___ Granted ___ Denied Application granted on a probation period of _____

Superintendent

Date

Reason for Transfer Denial: _____ No class space available _____ Student does not meet guidelines

**POTH INDEPENDENT SCHOOL DISTRICT
NON-RESIDENT TRANSFER STUDENT AGREEMENT
BOARD POLICY FDA (LOCAL)
2026-2027
TRANSFER STATUS MAINTENANCE**

Please return this page to Poth ISD.

We have read and understand the information contained in this Agreement and by signing below do hereby agree to adhere to its provisions and terms, and to abide by all policies and administrative regulations of Poth ISD and its respective campuses. **IN RETURN FOR THE DISTRICT PERMITTING THE STUDENT TO TRANSFER INTO POTH ISD, WE EXPRESSLY WAIVE AND RELEASE ANY CLAIM THAT WE MAY HAVE THAT THE DISTRICT CANNOT REVOKE A TRANSFER, AND/OR THAT THE TRANSFER OF THE STUDENT MUST BE FOR A PERIOD OF ONE YEAR. BY OUR SIGNATURES BELOW, WE EXPRESSLY CONFIRM THAT WE AGREE WITH AND ACCEPT ALL OF THE REASONS FOR TRANSFER REVOCATION SET OUT IN THE NON-RESIDENT TRANSFER STUDENT AGREEMENT, AND FURTHER AGREE THAT THIS AGREEMENT CAN BE REVOKED FOR ANY OF THOSE REASONS BEFORE THE END OF THE YEAR FOR WHICH THE TRANSFER IS APPROVED.** In the event of revocation, we agree that the student will be immediately enrolled in the District of residence, another public school, or a private school that meets the curriculum requirements of state law.

Student Printed Name Grade for 26-27 Student Signature Date

Parent/Guardian Printed Name Parent/Guardian Signature Date

Student's Resident District (School District in which the student resides): _____

Poth ISD Office Use Only

Campus Principal Signature: _____

Superintendent Signature: _____