DISD Application for Out-of-District Student Transfer

Application Process:

- **Print Application and complete in full for each child requesting transfer into Denison ISD.**
- **Compile all required documentation as outlined below.**
  - **Return the completed transfer request form and ALL required documentation**

Conditions of Out-of-District Transfers:

1. Out-of-district transfer requests are approved for current school year only. A renewal form must be submitted each year student is requesting to attend as an out of district transfer. Renewal forms are available for the upcoming school year no earlier than April of the current school year.

2. Transfer application requests for students **new** to the district will NOT be accepted by district personnel until the following forms of documentation from the previous and current school year are provided:
   - Student discipline record
   - Attendance/Tardy history
   - Most recent report card
   - Most recent STAAR scores for the student(s)
   - High School transcripts (if applicable) indicating credit earned from last school attended

3. The parent or guardian MUST provide the student's full legal name, last 4 digits of social security number, date of birth, campus attended previous school year, name of school/campus student's physical address is zoned to, and grade level.

4. The transfer request application and all required documentation must be submitted together on or before the last Friday in June to the Denison ISD Central Administration Offices.

Timeline for Transfer Applications:

April	Transfer applications may be submitted for next school year
Last Friday in May	Submittal deadline for transfer request documents
Last week of July	Appeal/Denial notifications will be sent in the mail

Applications with INCOMPLETE documentation will not be considered.

Violation of the District's Student Code of Conduct and lack of regular attendance may result in the revocation of the transfer. The District's policies may be found at www.denisonisd.net.

DENISON INDEPENDENT SCHOOL DISTRICT

Application for Out-of-District Student Transfer

Date Application Received _____

Section A: **General Information** (Please print)

Name of Parent/Guardian: _____

Address: _____ City: _____

Daytime phone number: _____ Cell: _____

Name of student(s) requesting transfer Last First Middle	Last 4 of SS	Gender M or F	Date of Birth mmddyy	Hispanic/ Latino Y or N	Race	Attended DISD Last Year Y or N	Campus name student would attend in town they reside	Current Grade Level	Requesting Campus Name Student would attend with Denison ISD

Section B: **Eligibility Status**

Indicate with a check the status under which the student is eligible:

_____ Parent is an employee of DISD

_____ Student is not a resident of DISD and is requesting to attend DISD schools next school year

_____ Student is currently an approved out-of-district transfer student and wishes to return to DISD next school year

Section C: **Student Information**

The student is currently enrolled in:

____ Public school. Please give the district name and appropriate campus phone number.

_____ Private School. Please give the school name and number.

_____ Charter School or Academy. Please provide the district name and number.

_____ Home school.

Current District: _____ Current Campus Phone Number: _____

Section D: **Acknowledgement of Out-of-District Transfer Request Application**

Signature of Parent/Guardian: _____ Date: _____

This section must be completed by the receiving district superintendent:

The above transfer(s) was ____ APPROVED on this _____ day of _____ 20____

____ DISAPPROVED

_____

Kyle Uber, Assistant Superintendent (903)462-7000