

REQUEST FOR STUDENT TRANSFER

AUSTIN INDEPENDENT SCHOOL DISTRICT OFFICE OF STUDENT SERVICES
1111 West 6th Street • A-200 • Austin • TX • 78703-5338 • 512-414-1726 • Fax 512-414-4994

AISS Student Number _____

Student's Name _____ Date of Birth _____
LAST FIRST MIDDLE MM/DD/YYYY

Year (transfer is to occur) _____ Fall Spring
Grade in 17-18 _____ Grade in 18-19 _____ Pre-K 3 yr. old Pre-K Pre-K Tuition
(Example: 2nd gr. 3rd gr.)

School **TO** which transfer is requested _____ School **FROM** which transfer is requested _____

GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	ETHNICITY - REQUIRED <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino	RACE(S) (None of which is of Hispanic origin) - REQUIRED <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White
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Parent/Guardian Name _____ RESIDENCE Address _____ Apt. _____ City _____ TX, Zip _____ MAILING Address _____ Apt. _____ City _____ TX, Zip _____	I am this student's <input type="checkbox"/> parent <input type="checkbox"/> guardian If guardian, indicate whether you are <input type="checkbox"/> court appointed <input type="checkbox"/> AISD recognized If AISD recognized, do you have a card on file? <input type="checkbox"/> Yes <input type="checkbox"/> No EMAIL Address _____
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Are you a full-time employee of AISD? Yes No If yes: Location _____ E number _____

TYPE OF TRANSFER REQUESTED: <input type="checkbox"/> Sibling* *Name, date of birth and student number of sibling who will be on a transfer at the requested school during the year this requested transfer will occur: Sibling's Name _____ Sibling's Date of Birth _____ Sibling's Student Number _____ <input type="checkbox"/> Tracking** **School at which the student has a history of at least two unbroken years of attendance in the two highest grades offered at the school: _____ <input type="checkbox"/> Majority-to-Minority <input type="checkbox"/> General <input type="checkbox"/> Curriculum <input type="checkbox"/> Out of District: School District _____ School _____	NOTE: For students who are not currently enrolled in AISD or who have an address that is different from that on file with AISD attach a PICTURE ID (valid driver's license or other picture ID) and PROOF OF RESIDENCE. Proof of residence may be a recent (within 45 days) utility bill or mortgage payment; a current lease agreement; a tax receipt that indicates the property is a homestead. This document must include the name and address shown above. A BIRTH CERTIFICATE is required for students who are new to Austin ISD. Faxed and mailed requests must provide a PICTURE ID and PROOF OF RESIDENCE. NOTE: PARENTS AND STUDENTS ARE TO ASSUME RESPONSIBILITY for satisfactory attendance, discipline, achievement of the student, and cooperation with the school staff while at the transfer school. When these responsibilities are not met, the transfer will be revoked. If revoked, the student may not at any later time request a transfer back to that school. NOTE: TRANSPORTATION is not provided to students on transfer except for students attending the magnet programs at Fulmore, Kealing and LASA, or Ann Richards School for Young Women Leaders and the Gus Garcia Young Mens Leadership Academy. NOTE: Any student who plans to participate in UNIVERSITY INTERSCHOLASTIC LEAGUE (UIL) events should check the rules set forth by the UIL concerning eligibility requirements for transfer students. A copy of the Constitution and Contest Rules of the University Interscholastic League is available for review at the Athletic Office, 3200 Jones Road (78745), in the principal's office in each high school, on line at www.uil.texas.edu or by contacting the UIL office at (512) 471-5883. NOTE: Texas Penal Code, Section 37.10 regarding TAMPERING WITH A GOVERNMENTAL RECORD states that a person commits an offense if he or she: (1) knowingly makes a false entry in, or false alteration of, a governmental record; (2) makes, presents, or uses any record, document or thing with knowledge of its falsity and with intent that it be taken as a genuine governmental record; or (3) intentionally destroys, conceals, removes, or otherwise impairs the verity, legibility or availability of a governmental record. An offense under this section is a Class C misdemeanor. The Education Code, Section 25.001(h) regarding ADMISSION, further states that, in addition to the penalty provided by the Penal Code, 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 the false information. The person is liable, for the period during which the ineligible student is enrolled, for the greater of: (1) the maximum tuition fee the district may charge under Section 25.038 of this code; or (2) the amount the district has budgeted for each student as maintenance and operating expenses. A person found guilty of falsifying information on an enrollment form may be liable for tuition in excess of \$5,000.
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The information provided on this form is current and accurate. I have read, and understand, the five NOTES provided in the section above and will comply in all ways with the information provided.

Signature of parent/guardian making this request _____ Date _____

Parent/Guardian: Home Phone _____ Work Phone _____ Cell/Other Phone _____

ACTION BY THE OFFICE OF STUDENT SERVICES

Approved Date: _____

Denied Date: _____

Past Deadline

Space Not Available

ACTION BY THE ASSOCIATE SUPERINTENDENT

Approved Date: _____

Comments:

Signature

Denied Date: _____

Reasons:

Signature

ACTION BY THE SUPERINTENDENT

Approved Date: _____

Comments:

Signature

Denied Date: _____

Reasons:

Signature