



# Cross Roads ISD

## Student Transfer Request Form for 2019-2020

Cross Roads ISD reserves the right to limit or restrict transfer to any campus.

**All approved transfers are conditional. Students attending school on any type of transfer may have their transfer revoked per FDA (LEGAL and LOCAL) Policy for any of the following reasons:**

- Transfer student becomes a disruption to school operations or becomes a detriment to the learning of other students
- Transfer student has persistent disciplinary or attendance problems
- Lack of parental cooperation

**New Applicant**

**Renewal**

**For District employees only:** Employee's Name: \_\_\_\_\_

Please review the CRISD Local Transfer Guidelines, then complete this form completely and legibly. **Incomplete applications will not be processed.**

### STUDENT INFORMATION

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_ DOB (MM DD YY) \_\_\_\_\_ Current Grade \_\_\_\_\_ Next Year Grade \_\_\_\_\_

Resident Address: \_\_\_\_\_ TX \_\_\_\_\_  
Street and Apt. # City Zip Code

Ethnicity (Required by TEA): American Indian/Alaskan Native \_\_\_\_\_ Asian/Pacific Islander \_\_\_\_\_ Black, not Hispanic \_\_\_\_\_ Hispanic \_\_\_\_\_ White \_\_\_\_\_

### PARENT/LEGAL GUARDIAN INFORMATION

Name(s): \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Resident Address: \_\_\_\_\_ TX \_\_\_\_\_  
Street and Apt. # City Zip Code

Telephone Contact: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

School District student lives in: \_\_\_\_\_

If residence purchased in the district attach proof of purchase. Date of Completion/Occupancy: \_\_\_\_\_

### ADDITIONAL STUDENT INFORMATION

Last school of enrollment for 2018-2019 \_\_\_\_\_

Will the student be involved in UIL/Extracurricular activities? Yes  No

Is the student receiving Special Education services? Yes  No

Is the student ESL? Yes  No

Is the student 504? Yes  No

Is this the student of a district employee? Yes  No

### PARENT/LEGAL GUARDIAN STATEMENT

My signature below confirms that the information I have provided on this form is accurate and complete. I understand that falsification of any information on this form is grounds for immediate revocation of a transfer. I further understand and agree that:

- CRISD reserves the right to revoke any transfer if the District determines that a transfer student's placement becomes a disruption to school operations or a detriment to the learning of other students because of disciplinary or attendance problems.
- A transfer student's prompt and regular attendance at school and compliance with all school rules and Board Policy, including the Student Code of Conduct and any campus rules are conditions of this transfer.
- CRISD will revoke the transfer and withdraw from enrollment a student who no longer qualifies for transfer at year end.
- CRISD is not responsible for providing any transportation to or from school for any transfer student.
- I acknowledge receipt of other conditions of transfer and information related to transfer students.

**Signature of Parent or Legal Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

# Cross Roads ISD

## Local Transfer Guidelines

1. The Board shall determine annually and within statutory limits the amount of tuition, if any, to be charged. All full time employees' children as approved by the Board or designee shall be exempted from the requirement to pay tuition.
2. Cross Roads ISD may accept grades Pre-K-12 to be considered as transfer students.
3. Transfer student fees shall be \$0 per year for grades K-12 for the 2019-2020 school year.
4. The transfer student shall be passing all subjects taken at the sending school and be eligible for promotion to the next grade. The student must be eligible for promotion at Cross Roads ISD to remain at Cross Roads ISD.
5. The student shall be of proper age for their class.
6. The student must not be a discipline problem at the sending school or a discipline problem while attending Cross Roads ISD.
7. The transfer student must have passed his/her STAAR exams at the sending school. While attending Cross Roads schools, STAAR scores will be considered for transfer approval.
8. The transfer student may not transfer for athletic purposes.
9. The transfer student may not create a class overload.
10. The principal, counselor, and teacher committee at the end of each semester, or as called, will review transfer student records.
11. The student must not have a record of excessive absences from the sending school or have excessive absences while attending Cross Roads ISD.
12. The transfer student will meet any other criteria set by the superintendent or designee.
13. These guidelines will be supplementary to Cross Roads ISD policy FDA (Legal and Local).
14. A student transfer may be revoked if he/she is found to be in violation of Board policy, administrative guidelines, or transfer guidelines.
15. The parent/guardian and transferring student must be present at the time of the transfer interview with the campus principal. Guidelines and applications must be acknowledged by all parties prior to approval. A minimum of three-day waiting period may be required before a transfer is accepted after the application process is completed.
16. The transfer student must meet all eligibility requirements. Contracts on homes may be considered for eligibility for transfer and should be dated for completion or closing within the semester the student first applies.

We are accountable for the welfare of the students in the Cross Roads ISD. If we can benefit students wishing to transfer to our school, that is a bonus. We ask that transfer applicants please understand our position in not jeopardizing our commitment to quality education. If accepted as a transfer, the student must work within the guidelines of this system in order to maintain the privilege of attending Cross Roads ISD. Transfers may be revoked during the school year if the student is not in compliance with Cross Roads ISD policy, transfer guidelines or administrative policy.

**I acknowledge that I have read and understand these transfer guidelines and requirements.**

\_\_\_\_\_  
Parent/Guardian Printed Name                      Date

\_\_\_\_\_  
Student Printed Name                                      Date

\_\_\_\_\_  
Parent/Guardian Signature                              Date

\_\_\_\_\_  
Student Signature    Date

Student is       approved               not approved               approved on a 1 year probationary status  
Reason(s) for probationary status: \_\_\_\_\_

\_\_\_\_\_  
Principal    Date

\_\_\_\_\_  
Superintendent    Date

**\*\* For Office Use Only \*\***