

Date Received: _____

Time Received: _____

Brazosport Independent School District



INTRADISTRICT TRANSFER REQUEST 2018-2019 School Year

All **NEW** transfer requests must be initiated at the home campus. **Parent/Guardian** must complete all fields on the first page of the form and sign. Forms are returned to the zoned/home campus Principal. The home campus Principal completes verification of qualifying criteria if known, verifies space availability at the receiving campus, and delivers form to the receiving campus Principal. The receiving campus Principal completes verification of space availability and forwards the form to Administrative Services for processing. Administrative Services approves or denies transfer requests in collaboration with Principals and communicates with the parent/guardian and Principals by preferred method of communication (Email or U.S. Mail). **Administrative Transfers** are determined by school personnel and the home campus is responsible for completing the form and obtaining a parent signature. Transportation is provided for Administrative Transfers.

Name of Student: _____ Date of Request: _____

Date of Birth: _____ Age: _____ 2018-2019 Grade: _____ Student ID# _____

Request is to transfer **FROM**: _____ (Home Campus)

Name of school **TO** which transfer is requested: _____ (Transfer Campus)

During 2017-2018 my child attended: _____ (Current Campus)

REASON FOR PARENT/GUARDIAN REQUEST:

or

REASON FOR ADMINISTRATIVE REQUEST:

- Extenuating Hardship **
- Parent/Guardian is BISD employee at the same campus or a BISD employee**
- STEM Program
- Moved outside boundary lines but want to complete semester, or school year
- From a designated P.E.G. campus
To: Austin, Beutel, Brannen, Fleming, Griffith, Ney, Ogg, Polk, Roberts, Rasco, FIS, LJIS, B'Wood

- Special Programs
 - _____ (A) Bilingual
 - _____ (B) Special Education Program
- Class Size Overflow
- Other as required by law or deemed essential by Administrators **

** Detailed explanation/justification for this transfer request is required for consideration:

Transfers are for one year or less and will be reviewed upon expiration of the term of the transfer. Transfers may be rescinded by the school district. Rescission of transfers will be considered when requested by the parent/guardian.

When a parent/guardian requests a transfer or a rescission thereof, such factors as the reason for the request, enrollment status at the receiving school, student attendance, conduct, and class size will be considered. These same factors will be considered at the end of each semester. Every attempt will be made to render a decision regarding requests prior to the first day of school. However, due to limited space at many campuses, some transfer requests may not be decided until after classes have been leveled, which is generally after the first two weeks of school.

Falsified information for the purpose of transfer approval will be immediate grounds for denial/rescission of transfer request.

I have read and understand the conditions under which a request for transfer will be considered. I agree that transportation is my responsibility and that bus service is only provided for administrative transfers.

Parent/Guardian Signature _____ Phone Number _____

Please Print Parent/Guardian Name _____ Email _____

Parent/Guardian Address (Street) _____ City _____

Parent/Guardian Mailing Address _____ City _____

Preferred method of communication _____ Email _____ U.S. Mail _____

SPECIAL INFORMATION AND RECOMMENDATIONS

* **Campus Principals –Please fill out your section and forward to appropriate person.**

Name: _____ New Transfer Renewal Transfer

SECTION I

HOME/CURRENT SCHOOL

Qualifying Criteria:

1. **Attendance:** Meets 90% for the previous semester and the most recent grading period including tardies Yes No
2. **Attitude/Behavior:** Student is exhibiting appropriate conduct and work habits Yes No
3. **Parental Cooperation:** Parent/Guardian is supportive and cooperative with school staff Yes No

Principal Signature: _____

Date: _____

SECTION II

RECEIVING SCHOOL

Verification of Availability:

Yes No

Support Acceptance of the Student:

Yes No

Principal Signature: _____

Date: _____

Term Of Transfer:

Remainder of Current School Year

Effective Date _____

Full School Year (2018-2019)

SECTION III

STUDENT SERVICES

Approved

Disapproved

Signature: _____
Superintendent or Designee

Date: _____

BRAZOSPORT STATEMENT OF NONDISCRIMINATION:

It is the policy of Brazosport ISD not to discriminate or engage in harassment on the basis of race, color, national origin, sex, religion, age, disability, or any other legally protected status in its educational and vocational programs, services or activities or matters related to employment as required by Title VI and Title VII of the Civil Rights Act of 1964, as amended; Title IX of the Education Amendments of 1972; Age Discrimination in Employment Act; Americans with Disabilities Act, as amended; and Section 504 of the Rehabilitation Act of 1973, as amended. Inquiries regarding the Brazosport ISD nondiscrimination policies in the following areas should be directed to: Employment, Title IX & Title VI, EEO & ADA (Employees and Public): Jay Whitehead, Assistant Superintendent of Human Resources and Support Services; Section 504 & ADA (Students): Lorin Furlow, Director of Special Services. Call: 979.730.7000 or Write: P.O. Drawer Z, Freeport, TX 77542

La política de Brazosport ISD es no discriminar ni participar en hostigamientos en base a la raza, color, origen, sexo, religión, edad, discapacidad ni ningún otro estado protegido legalmente en sus programas, servicios o actividades educativos y vocacionales ni en asuntos relacionados con el empleo, como lo requiere el Título VI y el Título VII de la Ley de Derechos Civiles de 1964 y sus enmiendas, el Título IX de las Enmiendas Educativas de 1972, la Ley de Discriminación en el Empleo por la Edad; la Ley de Americanos con Discapacidades y sus enmiendas y la Sección 504 de la Ley de Rehabilitación de 1973 y sus enmiendas. Las consultas relacionadas con las políticas de no discriminación de Brazosport ISD en las siguientes áreas deberán dirigirse a: Empleo: Título IX y Título VI, EEO & ADA (empleados y público): Jay Whitehead, Asistente del Superintendente de Recursos Humanos y Servicios de Apoyo; EEO & ADA (Empleados y el Público): Sección 504 y ADA (estudiantes): Lorin Furlow, Director de Servicios Especiales. Llame al: 979.730.7000 o escriba a: P.O. Drawer Z, Freeport, TX 77542