

El Paso ISD
071902

ADMISSIONS
INTERDISTRICT TRANSFERS

FDA
(EXHIBIT)

DELETE EXHIBIT

~~The following exhibits are used by the District:~~

~~Exhibit A: Out of District Pupil Transfer Request 6 pages~~

~~Exhibit B: Transfer Agreement 1 page~~

~~EXHIBIT A~~

~~OUT-OF-DISTRICT PUPIL TRANSFER REQUEST~~

~~**IMPORTANT:** This Out-of-District Pupil Transfer Request (PTR) must be completed annually. Fill out the PTR completely and return it to Student and Parent Services for review. The parent or responsible person is responsible for the student's transportation. Transfers are subject to athletic or University Interscholastic League (UIL) rules. If a student is involved in extracurricular activities, his or her eligibility may be affected.~~

~~**IMPORTANTE:** La Solicitud de Transferencia del Alumno (PTR) se debe completar anualmente. Llene el PTR completamente y regréselo a Servicios Estudiantiles para revisión. El padre o persona responsable será responsable por la transportación del estudiante. Transferencias son sujeto a las reglas de deportes o UIL. Cualquier estudiante involucrado en actividades extracurriculares, su elegibilidad pudiera ser afectada.~~

~~Student's Name: _____
Nombre del _____ Last / Apellido First / Nombre MI _____ ID Number / Numero _____ Grade / Grado _____
Estudiante~~

~~Student's Date of Birth: _____ / _____ / _____ M F _____
Fecha de Nacimiento _____ mm / mm / dd / dd / yyyy / aaaa _____ Sex / Sexo _____ Age / Edad _____
del Estudiante~~

~~_____
Ethnicity / Grupo étnico _____ Home Telephone / Teléfono de Casa _____~~

~~Student's Physical Address: _____ Apt.: _____ Zip Code: _____
Domicilio del Estudiante _____ Apartamento Código Postal _____~~

~~Current School Enrolled: _____~~

~~Address: _____
Escuela en que actualmente está matriculado y domicilio _____~~

~~School Requested: _____
La escuela solicitada _____~~

~~**Parents/Responsible Person Information**
Información de los Padres o Persona Responsable~~

~~_____
Father's Name / Nombre del Padre _____ DOB / Fecha del Nacimiento _____~~

~~_____
Father's Address / Domicilio del Padre _____~~

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~~Employer / Empleador~~

~~Work Telephone / Teléfono de Empleo~~

~~Mother's Name / Nombre de la Madre~~ ~~DOB / Fecha de Nacimiento~~

~~Mother's Address / Domicilio de la Madre~~

~~Employer / Empleador~~

~~Work Telephone / Teléfono de Empleo~~

~~With whom does the student live?~~
~~¿Con quién vive el estudiante?~~

~~Both Parents~~ ~~Father~~ ~~Mother~~ ~~Legal Guardian~~ ~~Other~~
~~Ambos Padres~~ ~~Padre~~ ~~Madre~~ ~~Persona responsable~~ ~~Otro~~

~~Name and relationship~~
~~Nombre y parentesco~~

~~Is your child currently enrolled in any special education programs?~~
~~¿Está su hijo(a) matriculado en programa de educación especial?~~

~~Yes / Si~~ ~~No~~

~~If yes, please list all that apply:~~
~~Si es sí, por favor indique el nombre del programa:~~

~~Parents must provide all copies of:~~
~~Padres deben entregar copias de:~~

~~Attendance Record~~
~~Reporte de Asistencia~~

~~Discipline History~~
~~Historia de disciplina~~

~~Current individualized education program (IEP) if student is in a self-contained/segregated special education class for all or part of the school day or if the student's IEP requires a specified staff: student ratio (required to determine space availability)~~

~~**TRANSFER PRIORITY LEVEL / NIVEL DE PRIORIDAD:**~~

- ~~Child of District employee working at requested campus
Hijo de empleado del Distrito que trabaja en la escuela~~
- ~~Child of District employee not working at requested campus
Hijo de empleado del Distrito que no trabaja en la escuela~~
- ~~Child of active duty military / *Hijo de personal military*~~
- ~~Previous District residents enrolled in the District / *Residente anterior del Distrito*~~
- ~~Child of parents residing outside District who are not in one of the prior categories
Hijos de padres que no cumplen los requisitos anteriores~~

~~**False Records / Falsificación de Registros**~~

~~A person who knowingly falsifies information on a form required for a student's enrollment in the District will be liable if the student is enrolled on the basis of false information. This is a criminal offense under Penal Code 37.10, punishable as a misdemeanor.~~

~~*Cualquier persona que falsifique a propósito información requerida para matricularse en el distrito será responsable si el estudiante es matriculado basándose en información falsa. Esta es una ofensa criminal bajo el Código Penal 37.10, se castiga como un delito menor.*~~

~~_____ (Initials / Iniciales)~~

~~_____ Date: _____
Signature of Parent / Responsible Person _____ Fecha
Firma del Padre, Madre o Persona Responsable~~

~~E-mail: _____~~

~~Student's Signature: _____ Date: _____
Firma del estudiante _____ *Fecha*~~

~~The El Paso Independent School District does not discriminate in its educational programs or employment practices on the basis of race, color, age, sex, religion, national origin, marital status, citizenship, military status, disability, genetic information, gender stereotyping, and perceived sexuality, or any other basis prohibited by law. Inquiries concerning the application of Titles VI, VII, IX, and Section 504 may be referred to the District compliance officer, Patricia Cortez, at (915) 230-2033. Section 504 inquiries regarding students may be referred to Verna Ball at (915) 230-2829.~~

~~*El Distrito Escolar Independiente de El Paso no discrimina en los programas de educación o en prácticas de empleo usando el criterio de raza, color, edad, sexo, religión, origen nacional, estado civil, ciudadanía, estado militar, discapacidad, información genética, estereotipo sexual o sexualidad percibida, u otra práctica prohibida por la ley. Preguntas acerca de la aplicación del título VI, VII o IX, y la Sección 504 pueden ser referidas al oficial del distrito, Patricia Cortez al (915) 230-2033; preguntas sobre 504 tocante a estudiantes pueden ser referidas a Verna Ball al (915) 230-2829.*~~

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~~Verification by Student and Parent Services:~~

~~Verificación por Servicios Estudiantiles:~~

~~Student's Name:~~ _____

~~Nombre del Estudiante~~ _____
~~Last / Apellido~~ _____ ~~First / Nombre~~ _____ ~~MI~~ _____ ~~ID Number / Numero~~ _____ ~~Grade / Grado~~ _____

~~Transfer Priority Level / Nivel de Prioridad:~~

~~Child of District employee working at requested campus~~

~~Hijo de empleado del Distrito que trabaja en la escuela~~

~~Child of District employee not working at requested campus~~

~~Hijo de empleado del Distrito que no trabaja en la escuela~~

~~Child of active duty military / Hijo de personal military~~

~~Previous District residents enrolled in the District / Residente anterior del Distrito~~

~~Child of parents residing outside District who are not in one of the prior categories~~

~~Hijos de padres que no cumplen los requisitos anteriores~~

~~During the last and current school year, student met the 90 percent attendance requirement.~~

~~Cumple con el 90% de asistencia en los últimos dos años escolares.~~

~~Yes / Si No~~

~~Student has satisfactory disciplinary history.~~

~~Estudiante tiene historia de disciplina satisfactoria.~~

~~Yes / Si No~~

~~Parents provided copies of: / Padres entregaron copias de:~~

~~Attendance Record / Reporte de Asistencia~~

~~Yes / Si No~~

~~Discipline History / Historia de disciplina~~

~~Yes / Si No~~

~~Current IEP if student is in a self-contained/segregated special education class for all or part of the school day or if the student's IEP requires a specified staff: student ratio (required to determine space availability)~~

~~Yes / Si No~~

~~Student and Parent Services Director's Signature _____ Date _____~~

~~Firma del Director(a) de Servicios Estudiantiles _____ Fecha _____~~

~~To be completed by the Campus Principal / Para ser llenado por el(la) director(a) de la escuela~~

~~Approved / Aprobado Denied / Negado~~

~~Reason for denial (Check all that apply):
Motivo por negación (marque todo lo que aplique):~~

- ~~Capacity / Capacidad~~
- ~~Attendance / Asistencia~~
- ~~Discipline / Disciplina~~

~~Principal's Signature _____ Date _____
Firma del Director(a) _____ Fecha _____~~

~~Appeal / Apelación~~

~~A conference with the parent, legal guardian, or adult student and area Superintendent is required.~~

~~Se requiere una junta con los padres, persona responsable o estudiante adulto y el Superintendente del área escolar.~~

~~Date of Appeal: _____ Attendees: _____
Fecha de apelación _____ Asistentes _____~~

~~Comments / Comentarios:~~

~~Appeal Approved / Apelación Aprobada Appeal Denied / Apelación Negada~~

~~Area Superintendent's Signature _____ Date _____
Firma de Superintendente del área escolar _____ Fecha _____~~

~~Parent/Legal Guardian's Signature _____ Date _____
Firma del padre o tutor _____ Fecha _____~~

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~~You have a right to further appeal pursuant to FNG(LOCAL) or GF(LOCAL).~~

~~Usted tiene el derecho de apelar según pólizas FNG(LOCAL) o GF(LOCAL).~~

~~EXHIBIT B~~

~~TRANSFER AGREEMENT~~

~~This transfer agreement establishes the terms and conditions for _____ (“student”) to attend the El Paso Independent School District (“District”) as a transfer student for the _____ school year, although the student is a resident of the _____ School District. The student’s parent or other person having lawful control of the student, _____ (“parent”), requests that the student be permitted to attend District schools in the _____ school year and agrees to the following terms and conditions for that transfer:~~

- ~~1. This transfer is effective for the current school year only. District approval of this transfer creates no right or expectation that the student will be admitted as a transfer for any subsequent school year.~~
- ~~2. This transfer is approved for the named student only. District approval of this transfer creates no right or expectation that another student from the same family will be admitted as a transfer.~~
- ~~3. The student must maintain an acceptable level of attendance and comply with District rules and regulations, including the Student Code of Conduct, throughout the entire school year. Acceptable levels are defined as:
 - ~~a. Attendance that does not place the student at risk of losing credit under Education Code 25.002 or require the District to warn the parent or the student of truancy proceedings under Education Code 25.095.~~
 - ~~b. Compliance with the District’s rules and regulations, including the Student Code of Conduct, such that no offenses result in removal to a disciplinary alternative education program (DAEP) or expulsion and no more than one referral is made within any grading period for other misconduct.~~~~
- ~~4. The parent or the student will be responsible for transportation to and from the District school to which the student is assigned.~~
- ~~5. The student and parent acknowledge that eligibility of transfer students for participation in any University Interscholastic League (UIL) activity or other activities governed by UIL rules and regulations will be determined in accordance with UIL rules and regulations.~~
- ~~6. Except as modified by this transfer agreement, the student will be subject to all policies, regulations, rights, privileges, and responsibilities of enrollment in the District as if he or she resided in the District.~~

~~The District and the parent agree that this transfer agreement is the entire agreement controlling the admission and enrollment of the student in the District for the _____ school year.~~

~~Parent’s Signature: _____ Date: _____~~

~~Campus Principal’s Signature: _____ Date: _____~~