

(cash, certified check, money order only)***

Cash Payment Must Be Exact Amount – No Change Available.



LEANDER I.S.D. EMPLOYEE

**Application for Out of District
“New to District” Student Transfer**

**Request for the 2017-2018 School Year
Campus Transfer Priority Deadline: 3/19/2017**

Campus Use:
Student ID: _____
Current Campus: _____
Current Grade Level: _____
EC Code: _____
Fee Paid: _____
Receipt #: _____

Date: ____/____/____

Existing Transfer New Transfer

Student Name (Please Print) _____ Grade Level for Requested Year _____ Parent/Legal Guardian (Please Print) _____

Physical Street Address _____ City _____ Zip Code _____ (____) _____ Phone _____

Request Transfer From: _____ / _____
 District Student is Zoned to Attend Campus Student is Zoned to Attend

Request Transfer to: _____ or _____
 (1st Choice) School Student Wishes to Attend (2nd Choice)

Delivery method for approval/denial:
 Regular Mail to address noted above E-mail _____ Other _____

ALL PARENTS MUST COMPLETE THIS SECTION

Does the requested campus feed into the high school student is currently zoned to attend? If not, please note the following: Parents/Guardians at ALL grade levels must be aware of the athletic limitation, especially if their child does not attend an elementary or middle school which feeds the high school the student is zoned to attend. High school athletic eligibility is based on attending the high school to which the child is zoned. Students transferring between high schools within the Leander School District will lose one calendar year of eligibility for sub-varsity and varsity athletics, meaning student athletes not attending their zoned high school must “sit out” of sports for one calendar year to establish eligibility. At this time, transferring students involved in all other UIL activities will be eligible immediately.

I have read the above statement and understand the athletic eligibility requirements for Leander ISD.

Signature of Parent or Legal Guardian _____ Date _____

*There are extremely limited exceptions to this, to read them, please refer to (<http://www.leanderisd.org/default.aspx?name=athletics.main>) or call athletics for a printed version (570-0170)

This request for a transfer is made with a full understanding of and agreement to the following conditions:

***(Please Read These Conditions – Initial By Each Condition and Sign Below)**

- All transfers will be assessed a non-refundable \$30 processing fee, with the exception of “program” determined transfers, confirmed by the appropriate department designee. Processing fee does not guarantee approval of transfer.
- Transfer requests are approved for one school year only, and must be requested each school year. There is no guarantee that a student will be able to transfer each year.
- Transfers will be made subject to space being available at the campus and grade level.
- The transfer student must be in compliance with the attendance laws as outlined in the Student and Parent Handbook or the transfer will not be approved in following years. (<http://www.leanderisd.org/default.aspx?name=ps.handbook>)
- The transfer student must also maintain a good discipline record (no serious infraction which would result in a hearing and/or persistent violations of the Student Code of Conduct). Multiple transfers in the same year will most often **not** be approved.
- Transportation to and from school will be the responsibility of the parent or legal guardian.
- By his or her signature on this form, the parent or legal guardian provides written assurance that the transfer is not for the purpose of participating in any UIL activity, or any other activity governed by UIL rules and regulations, whether or not under UIL sanctions, and that no recruiting or tampering has occurred in violation of UIL rules and regulations.
- Some programs are centralized at certain campuses and transfers will not be approved into a campus that does not offer any required programming that a child needs. **Please note: It is the responsibility of the parent/guardian to ascertain program availability at the desired campus prior to requesting an intra-district student transfer.**
- For a full list of list of campuses currently accepting transfers, please refer to: <http://www.leanderisd.org/default.aspx?name=ps.student.transfers> or contact the campus directly.

Signature of Parent/Legal Guardian/Special Program Staff _____ Date _____

TRANSFER STATUS	UIL ELIGIBILITY	PROGRAM NEED APPROVAL
<input type="checkbox"/> Transfer Approved <input type="checkbox"/> Transfer Denied	Eligible Now <input type="checkbox"/> Yes <input type="checkbox"/> No Date of Eligibility ____/____/____	Transfer Recommended <input type="checkbox"/> Yes <input type="checkbox"/> No Program: _____
Signature of Superintendent or Designee cc: Information Systems, Receiving Campus, Parent/Legal Guardian	Signature of Athletic Director	Signature of Designee _____ Date _____ Last Updated: 1/16/2017