



INTRA-DISTRICT Transfer Application

APPLICATION DEADLINE: FRIDAY, MARCH 22, 2024 at 5:00 PM

ONLY PAPER APPLICATIONS WILL BE ACCEPTED. APPLICATIONS MUST BE HAND-SIGNED AND SUBMITTED, IN PERSON, TO THE RECEPTION DESK AT THE BISD SERVICE CENTER (906 FARM ST.) LATE APPLICATIONS WILL NOT BE ACCEPTED.

This application must be completed by a parent or guardian of any student enrolled in a BISD school requesting a transfer from a school in one residential attendance zone within the District to another school within the District. This application must be completed and submitted to the Student Services Office by the deadline date in order to be considered for an Intra-District Transfer.

Please note: Students approved for an Intra-District Transfer may not be eligible to participate in any varsity-level UIL-sanctioned athletics for a period of one (1) school year unless proper paperwork has been submitted and approved by UIL.

Student's Name:	Last	First	Middle	Grade Level 2024-2025:	DOB:
Current Physical Address: (NO P.O. Boxes)			City	State	Zip
Current Mailing Address: (such as P.O. Box)			City	State	Zip
Full Name of Parent(s)/Guardian(s):				Phone:	
Email Address:				Sex:	New Request: _____
				<input type="radio"/> Male	Renewal Request:
				<input type="radio"/> Female	
Transfer from: (Zoned School of Attendance)					
Transfer To: Primary Request			Transfer To: Secondary Request		
Special services student currently receives (i.e. Special Education, Section 504, ESL, Bilingual, Honors, etc):					

PLEASE CIRCLE the number representing your reason for this request: 1 2 3 4

REASONS FOR CONSIDERATION	REASONS FOR DENIAL/REVOCAION
<p>The following reasons will be considered for approving an Intra-District Transfer for the 2024-2025 school year based on the BISD Policy (FDB Local).</p> <p>Reasons 1 – 4 are considered only if the receiving campus' projected enrollment is below 100% of capacity. Please be aware that meeting one of the four reasons below does NOT guarantee an automatic approval.</p> <ol style="list-style-type: none"> 1. Children of permanent full-time or part-time District employees who are residents of the District may request a transfer. 2. A student zoned to a campus identified on the PEG (Public Education Grant) list. 3. One or more siblings currently attend the campus being requested, based on an academic program need. <ol style="list-style-type: none"> a. Name of sibling: _____ b. Name of Academic Program: _____ 4. A high school student may apply for a transfer in order to enroll in an academic program of study not offered at the student's high school of residence. 	<p>Reasons for denying or revoking an Intra-district transfer shall include, but are not limited to:</p> <ul style="list-style-type: none"> • Overcrowding • Overcrowding in a grade level at the receiving campus. • Repeated Student Code of Conduct infractions. • Student commits a Student Code of Conduct infraction which results in a removal to a DAEP or to JJAEP (boot camp). • Documented patterns of truancy, including late arrivals, late pick-ups, early pick-ups, or poor attendance. • Falsifying any information on this Intra-District Transfer application. • Failure to provide information or documentation required by the District. • The parent/guardian separates from employment with Bastrop ISD. • The stated reasons do not support granting the transfer request.
If the student is the child of a BISD employee, provide the employee's name and their workplace below:	
BISD Employee's Name:	BISD Employee's Workplace:



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This Intra-District Transfer request is made with the full understanding of, and agreement to, the following conditions:

1. The parent or guardian of the student for whom the Intra-District Transfer has been approved **must provide transportation** to and from school **for the student**.
2. An approved Intra-District Transfer is **only** for the school year requested. Parents/guardians must apply for a renewal on an annual basis. Renewals **are not** automatic, nor guaranteed for any subsequent school year.
3. **Only one approved transfer for a student will be allowed per school year.**
4. Approved Intra-District Transfer students **must** abide by the Student Code of Conduct.
5. An Intra-District Transfer may be revoked for any of the reasons listed on Page 1 of this application, under **REASONS FOR DENIAL/REVOCAION**, by the campus principal or district administrator at any time during the transfer period.
6. Any falsification of information on this form will be grounds for this Intra-District Transfer application to be denied and/or revoked. In addition, falsification of documents or records is a criminal offense under §37.10 of the Penal Code (FD LEGAL) and subjects the person signing and/or submitting the Intra-District application to liability for tuition (FDA LOCAL).
7. Once the Intra-District Transfer application is received by the BISD Student Services Office, it will be reviewed by the district Transfer Committee for approval/denial. The committee may request additional documentation on the student to assist in making their decision. Final approvals will be sent to the email address provided on this form by the applicant. Denials will be sent to the email address provided on this form by the applicant, with instructions for the Appeal Process, should the applicant choose to contest the Committee's decision.
8. **Please be aware that meeting one, or more, of the four reasons to transfer does NOT guarantee an automatic approval.**
9. **Late applications will not be accepted.**

PARENT/GUARDIAN STATEMENT AND SIGNATURE SECTION

By signing this form, the parent or guardian of the student confirms that he/she has read and understands the information contained within this form and that all of the information provided to the District for enrollment is true and accurate. By signing this form, said person also agrees to all of the conditions set forth within the Intra-District Transfer process, as stated on this form and in District policy (FDB LOCAL). **Please be aware that meeting one of the four reasons to transfer does NOT guarantee an automatic approval.**

Parent/Guardian Signature: _____

Date: _____

BISD ADMINISTRATION USE ONLY

Date received by BISD Student Services: _____

Approved **Denied** **Date:** _____ **Transfer Committee Designee Signature** _____

Transfer request meets an approval reason for an Intra-District Transfer: Yes, reason # _____ No, reason # _____

Notes:

Parent Email: _____

Emailed Approval/Denial Letter: _____

Receiving Campus Registrar: _____

Updated Master List: _____