

Application for Student Transfer

For School Year: _____

Authority for Data Collection: Texas Education Code 21.061; Civil Action 5281, Section A Planned Use of Data: To complete the report required by Federal Court Order Civil Action 5281.							
Student's Name	Birth Date	Social Security #	Race	Student's Residence School District Name	District Attended Last	Campus Assigned at JISD (if previous transfer)	Current Grade

Intended 1st Date to Attend Jacksonville ISD for Current School Year: _____

TRANSFER AGREEMENT (must be read and completed by parent/guardian)

A nonresident JISD employee may request that his or her child be admitted into JISD schools by filing this application with the Superintendent. In approving transfers, the Superintendent shall consider availability of space and instructional staff and the student's disciplinary history and attendance records. Transfers shall be granted for one regular school year at a time on a tuition-free basis.

The parent of the transfer student is hereby notified that the student must follow all rules and regulations of JISD, including those for student conduct and attendance and that violation of these rules may result in revocation of the transfer agreement. The effective date of the revocation will be set by the Superintendent in accordance with the violation. Written notification of the transfer revocation will be sent to the parent/guardian and the school district of residence.

I have read and understand the terms of this transfer agreement.

Parent/Guardian Name: _____ (Please Print) _____ Parent / Guardian Signature
 Street Address (physical): _____ Phone Contact #: _____
 City, State, Zip: _____ If JISD employee, name location: _____

PLEASE SUBMIT BY MAIL TO: OFFICE OF SUPERINTENDENT, P.O. Box 631, Jacksonville, TX 75766
or PLEASE SUBMIT IN PERSON TO: OFFICE OF SUPERINTENDENT, JISD ADMINISTRATION BLDG., 1547 PINE ST., JACKSONVILLE, TX

This section must be completed by the receiving district superintendent:			
The above transfer request/s was/were		<input type="checkbox"/> APPROVED	<input type="checkbox"/> DISAPPROVED
Typed Name of Receiving District Superintendent Dr. Joe Wardell	Date	Telephone 903-586-6511x12	Signature