

# WIMBERLEY INDEPENDENT SCHOOL DISTRICT



**Wimberley ISD**  
Strength. Innovation. Excellence.

A limited number of transfer students shall be permitted to attend District schools. A request for transfer must be filed with the Superintendent's office. The Superintendent or designee is authorized to accept or reject any transfer requests, provided that such action is without regard to race, religion, color, sex, disability, national origin, or ancestral language. Current transfer placement shall not guarantee future transfer approvals. A person seeking a renewal of a transfer agreement shall reapply by June 1 of each year for the following school year.

**Instructions:** Please read the application thoroughly before applying. Print, complete, and sign the form. Upon completion, email the form to [transfer@wimberleyisd.net](mailto:transfer@wimberleyisd.net).

<b>SCHOOL YEAR APPLYING:</b>	<b>REASON FOR REQUEST: CHECK ALL THAT APPLY</b>
<b>EXEMPTION / HARDSHIP: SEE PG. 2</b>	
<b>SENDING DISTRICT NUMBER: SEE PG. 2</b>	

IN DISTRICT PREVIOUS YEAR (NO DOCUMENTS TO ATTACH)  
 OPEN ENROLLMENT  
 WIMBERLEY ISD EMPLOYEE (WHICH CAMPUS): \_\_\_\_\_  
 MOVING OUT OF WISD, WISH TO REMAIN IN DISTRICT:  
     DATE OF MOVE: \_\_\_\_\_  
 BUILDING/BUYING/LEASING RESIDENCE IN WISD:  
     DATE OF MOVE: \_\_\_\_\_ (ATTACH CONTRACT)

<b>STUDENT NAME: LAST, FIRST, MI:</b>	<b>DATE OF BIRTH:</b>	<b>ETHNIC CODE: SEE PG. 2</b>
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<b>ADMISSION GRADE LEVEL:</b>	<b>GENDER:</b>	<b>IN DISTRICT PREVIOUS YEAR:</b>
		YES                      NO

<b>SPECIAL SERVICES PROVIDED/ASSESSED:</b>	<b>REQUIRED DOCUMENTS:</b>
<input type="checkbox"/> NONE <input type="checkbox"/> ESL/BILINGUAL <input type="checkbox"/> 504/DYSLEXIA (ATTACH CURRENT 504 PLAN) <input type="checkbox"/> SPEECH (ATTACH CURRENT FIE & IEP) <input type="checkbox"/> GT <input type="checkbox"/> SPECIAL ED (ATTACH CURRENT FIE & IEP)	<p style="color: red; margin: 0;"><b><u>NEW TRANSFERS: these files must be received by WISD for your application to be processed.</u></b></p> <input type="checkbox"/> MOST RECENT REPORT CARD (GRADES K-12) <input type="checkbox"/> TEST SCORES (STARR, ASSESSMENT) <input type="checkbox"/> DOCUMENTATION OF ATTENDANCE AND DISCIPLINE RECORDS (GRADES K-12) <input type="checkbox"/> TRANSCRIPTS (GRADES 8-12) <input type="checkbox"/> IF APPLICABLE 504/SPECIAL SERVICES RECORDS

<b>NAME OF PARENT OR GUARDIAN:</b>	<b>EMAIL ADDRESS:</b>	<b>HOME PHONE:</b>
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<b>RESIDENCE ADDRESS:</b>	<b>CELL PHONE:</b>
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I understand that, if approved, the transfer is granted conditionally based on the following criteria: program availability, grade level spaces, discipline history, academic performance, and attendance, including tardies. The transfer may be revoked based on Board Policy, to extent permitted by law. **I understand that transportation to the requested campus is my responsibility.** I understand that falsification of information is a Class A Misdemeanor and can lead to legal action. I have read and understand the District policy on out of district transfers. I agree to abide by all rules and regulations set forth in this policy. I understand that as a transfer student, school placement may be changed to accommodate resident students. I have been informed that, in some cases, previously approved transfers may be revoked during the school year due to any of the above mentioned criteria.

- \* I have read the FDA Local and Legal Board Policy Documents.
- \* I have read the District of Innovation regarding transfer students.

<b>SIGNATURE OF PARENT OR GUARDIAN:</b> _____	<b>DATE:</b> _____
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**EXEMPTION / HARDSHIP**

- A Student taking academic courses not offered in the district of residence.
- B Graduating senior who has attended WISD for at least the two previous years.
- C Student with two working parents, or whose sole parent works (in a single-parent home), and no child care facility is located in the sending district. Only children less than ten years of age will be considered as needing child care unless it can be demonstrated that a child suffers a handicap which renders him or her incapable of self-care.
- D Student whose health or safety is involved. Documentation from a Medical Doctor delineating specific medical reasons must be obtained and on file.
- E Student whose parent/guardian is employed by WISD and currently contributes to the Texas Teacher Retirement System.
- F Student whose home is more than 20 miles closer to WISD than the school of residence.
- G Student transferring to a regional day school for the deaf. (C.A. 5281)
- H Special education student from district where the special education class for which the student is qualified is unavailable and such class is available in WISD. Student has been properly screened according to Agency guidelines by WISD. (C.A. 5281)
- I Student residing in a district that does not offer the grade level of that student and which has a contractual transfer agreement with WISD. (TEC 25.039)
- J Student does not qualify for any of the preceding exemptions/hardships.

**SENDING COUNTY DISTRICT NUMBER**

- Austin ISD (227-901)
- Blanco ISD (016-902)
- Comal ISD (046-902)
- Dripping Springs ISD (105-904)
- Hays CISD (105-906)
- Johnson City (101-691)
- Lake Travis ISD (227-913)
- Leander ISD (227-901)
- Lockhart ISD (028-902)
- New Braunfels ISD (046-901)
- San Marcos CISD (105-902)

**ETHNIC CODE:**

- 1 American Indian or Native Alaskan
- 2 Asian or Pacific Islander
- 3 Black, not Hispanic
- 4 Hispanic
- 5 White, not Hispanic

**RECEIVING CAMPUS**

- Pre K - 1st: Scudder Primary
- 2nd - 5th: Jacob's Well Elementary
- 6th - 8th: Danforth Jr. High
- 9th - 12th: Wimberley High School

# WIMBERLEY INDEPENDENT SCHOOL DISTRICT STUDENT TRANSFER AGREEMENT



**Wimberley ISD**  
*Strength. Innovation. Excellence.*

This agreement entered into between Wimberley Independent School District, herein after referred to as "District" and \_\_\_\_\_  
(Parent/Guardian Name)

Parents/Legal Guardians of transfer student herein after referred to as "Parents" is entered into on behalf of the following student, herein after referred to as "Students":

ATTACH LAST REPORT CARD & STAAR ASSESSMENT

**NEW TRANSFERS: Files must be attached, emailed or mailed before your application will be processed.**

FILES ON RECORD; RETURNING STUDENT

As part of this agreement, the District agrees to enroll all educational services and any necessary support resident student exclusive of transportation services to and from the students home or domicile if outside the district boundaries. District has the right to revoke student transfers at any point during the school year if attendance, behavior (either parent or student), or issues requiring additional special services.

**As part of this agreement parents acknowledge and agree to the following: District is allowing said transfer of student in accordance with Board Policy FDA and the District of Innovation as specified by the Board of Trustees of the District. Parents acknowledge that the District has no obligations to the student other than that specified above. The district has the option to terminate the transfer agreement for students in K-11 when the student/ parent has not been forthcoming with information regarding discipline, special programs or other issues that end up costing the district to keep the student enrolled. At anytime during the school year, a transfer student who becomes a discipline issue, has poor attendance, or is in need of special services which exceeds state funding for that student, WISD can terminate their transfer agreement. Parents are to provide transportation to and from the campus of enrollment. Parents also acknowledge that unacceptable behavior on the part of the student or parents will be ground for termination of this agreement.**

Tuition for the current school year is \$0.00.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

### WIMBERLEY ISD OFFICE USE ONLY

DATE RECEIVED AT WISD ADMINISTRATION OFFICE: \_\_\_\_\_

DATE SENT TO RECEIVING PRINCIPAL FOR REVIEW: \_\_\_\_\_

RECEIVING PRINCIPAL: \_\_\_\_\_ APPROVED: \_\_\_\_\_ DENIED: \_\_\_\_\_ DATE: \_\_\_\_\_

REASON FOR DENIAL: GRADES ATTENDANCE SPACE/STAFF DISCIPLINE PROGRAM DISCIPLINE

DATE PARENT/GUARDIAN NOTIFIED: \_\_\_\_\_

METHOD OF NOTIFICATION: EMAILED LETTER PHONE