

# Calallen Independent School District

County-District Number: 178-903

## Application for Transfer for a Non-Resident Student

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

(Please fill out a separate form for each student. If you need assistance please call 361-242-5600.)

Name of Calallen I.S.D. campus requested \_\_\_\_\_

Student's Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Grade: \_\_\_\_\_ Student's Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Student's Ethnicity: \_\_\_\_\_ 1. American Indian or Alaskan Native \_\_\_\_\_ 2. Asian or Pacific Islander  
(required by TEA)  
\_\_\_\_\_ 3. Black \_\_\_\_\_ 4. Hispanic \_\_\_\_\_ 5. White

Name of school district in which you reside: \_\_\_\_\_

Name of school student would attend at their present address: \_\_\_\_\_

School student last attended: \_\_\_\_\_ Phone: \_\_\_\_\_ - \_\_\_\_\_

Name of Calallen campus/dept. where parent works (if applicable): \_\_\_\_\_

**Student Records: Transfer request must include any student records relating to attendance, grades, STAAR/EOC scores, NWEA MAP RIT scores, discipline (i.e. expulsion, AEP); special services (i.e. IEP, GT, ESL, bilingual, 504, dyslexia, etc.) Attach information to this application.**

Reason for transfer request: \_\_\_\_\_

Parent/Guardian name (print please): \_\_\_\_\_

Street address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work#-Mom \_\_\_\_\_ Work#-Dad \_\_\_\_\_

Email address: \_\_\_\_\_



CALALLEN ISD STUDENT TRANSFER  
CRITERIA FOR STUDENTS ENTERING AT THE GRADE LEVELS INDICATED

**Kindergarten - Second Grade**

- 🐾 Assessment:  
End of Year requirements: NWEA MAP RIT score on grade level
- 🐾 Parent signature on Transfer Application

*Transfer Criteria*

1. Grades: appropriate Mastery of reading and math TEKS
2. Attendance: Meets 90% attendance requirement
3. Discipline Referrals: Documentation of persistent misconduct may result in denial or revocation of transfer request.

**Third Grade**

- 🐾 Assessment:  
End of Year (2<sup>nd</sup> grade) requirements: (Entering 3<sup>rd</sup> grade)
  - NWEA MAP RIT score on grade level  
Middle of Year Monitoring: (Determine Transfer continuance)
  - Fall benchmark for Reading
  - Quarter assessments (1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>)
  - Grades for 1<sup>st</sup> semester (1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>)
  - Guided Reading Benchmark
- 🐾 Parent signature on Transfer Application

**Transfer Criteria Grades 3-12**

1. Grades: appropriate Mastery of ALL TEKS
2. Attendance: Meets 90% attendance requirement
3. Discipline Referrals: Documentation of persistent misconduct may result in denial or revocation of transfer request.

4. STAAR/EOC - Must meet State Assessment Standards for ALL subjects tested.

**\*\* For students transferring from a Non-Accredited Private school the following guidelines will also be applied:** In addition to CISD district policy regarding mandated assessments for any student transferring from a Non-Accredited Private school, transfer students will be required to submit a letter of recommendation to include references as to the academic and behavioral character of the proposed transfer student.

**\*\*\*For students of non-resident CISD Employees:** Transfer children of CISD employees will be required to meet all of the transfer criteria.

**\*\*\*For students transferring from a non-resident homeschool:** Non-resident students who have been homeschooled are not eligible for an out of district transfer unless they have attended public school for a full year in their home district the year prior to the transfer request.

### **CALLEN ISD OUT OF DISTRICT ENROLLMENT POLICY - FDA (LOCAL) POLICY**

**Open enrollment period:** Non-residents may enroll their children in CISD schools with no tuition charge, according to the following stipulations:

\* Annually by May 1st, the superintendent shall designate program areas available for nonresident enrollment.

\* Upon approval, superintendent shall assign the student to a school based on program availability. Program availability is defined as accommodating additional students without adversely effecting staffing, class sizes, instructional delivery, facility space, support services, overall budget, and the best interests of the District.

\* In the event of a lack of available program space at the campus preferred by the individual, the District may assign the student to a campus with a similar program and available space.

Non resident transfers shall be in effect for the current school year only. Thereafter, continuing transfers will be reviewed on a yearly basis and must meet set criteria.

The District reserves the right to discontinue this practice should it be determined that it is no longer economically feasible or that space is no longer available.

**Revocation:** Students who transfer into the District shall follow all rules and regulations of the District, including, but not limited to, District policies and regulations, the Student Code of Conduct, attendance and grade requirements. Failure to fulfill any of these responsibilities will result in the immediate revocation of the transfer agreement.

---

**Students who do not meet UIL residency requirements WILL NOT be eligible for Varsity athletic competition.**

Upon receipt of approval to enroll, it is the parent/guardian's responsibility to contact the school assigned and register their student during new student registration dates and times.

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 also agree that transportation to/from school will be my responsibility.

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Date

**For District Use Only**

\_\_\_\_\_  
Superintendent's Signature or Designee

\_\_\_\_\_  
Approved

\_\_\_\_\_  
Declined

\_\_\_\_\_  
Campus Assignment

\_\_\_\_\_  
Campus #

**\*\*\* This transfer is valid for 1 year ONLY!**

Date notification mailed: \_\_\_\_\_

Exemption Code: \_\_\_\_\_

Sending District Co. #: \_\_\_\_\_

Campus #: \_\_\_\_\_