

**APPLICATION FOR TRANSFER**  
**2020-2021**

Date of Application: \_\_\_\_\_

Student's Name \_\_\_\_\_ Grade in 2020-2021 \_\_\_\_\_

Date of Birth \_\_\_\_\_ School District you **reside** in \_\_\_\_\_

Name of Last School/Campus Attended (New Transfers Only) \_\_\_\_\_

City (New Transfers Only) \_\_\_\_\_ Name of Principal (New Transfers Only) \_\_\_\_\_

Father's/Guardian's Name \_\_\_\_\_ Telephone # \_\_\_\_\_

Mother's/Guardian's Name \_\_\_\_\_ Telephone # \_\_\_\_\_

Street Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Siblings Living in Household, Name/Age \_\_\_\_\_

Siblings Requesting Transfer \_\_\_\_\_

Is the student requesting a transfer on probation or ever been convicted of a felony? **Yes or No** (circle correct response)Is the student requesting a transfer currently under investigation for a criminal, civil, or any school district related matter? **Yes or No** (Circle correct response)

If yes to either of the above questions, please include a letter of explanation to this Transfer Application.

**PLEASE ATTACH THE FOLLOWING DOCUMENTS:**  
**(NEW TRANSFERS ONLY)**

1. Copy of last 3 years' report card, including attendance.
2. Copy of last 3 years' STAAR scores.
3. Copy of last 3 years' discipline records.
4. Copy of transcript.
5. Copy of Required Written Statement (see below)
6. Kindergarten students: Copy of Birth Certificate

**MILLSAP ISD TRANSFER POLICY**

1. All requests for **Currently Enrolled Transfer Students** must be made before **May 20th** to be considered for enrollment for the following Fall semester.
2. All requests for **NEW Transfer Students** will be taken **beginning on April 15, 2020**.
3. Approved transfer requests shall be effective for one school year subject to compliance with all District policy requirements and transfer guidelines as per FDA (Local).
4. Transfer acceptance is contingent on the submission of accurate information. False documentation, or failure to submit information pertaining to transfer consideration, may result in immediate transfer revocation.
5. Transfer policy provisions may be waived or modified by the Superintendent at his/her discretion based on extenuating circumstances.

**GENERAL GUIDELINES FOR INTERDISTRICT TRANSFERS**

1. Transfer applications will not be approved for students with a record of disciplinary infractions at the sending school.
2. Transfer applications will not be approved for students if approval will create a class overload or exceed program capacity.
3. Transfer applications will not be approved for students with a record of excessive absences at the sending school.
4. Transfer applications will not be approved for students requesting a transfer for athletic purposes.
5. Transfer applications will not be approved for students with failing grades from the previous school year or otherwise ineligible for promotion to the next grade.
6. Transfer students entering Kindergarten must pass a Diagnostic Screening Test of School Readiness. Transfer students entering grades 1-3 must have passed testing from previous district, whether DRA, iStation, TPRI, etc.
7. Transfer students entering grades 4-12 must have a passing score on their most recent required state assessment exam and must demonstrate a pattern of regularly passing assessments from previous years.
8. Transfer students are expected to maintain passing grades in all classes and pass all required state assessment exams administered by Millsap ISD.
9. Transfer students must comply with all requirements outlined in the Millsap Student Handbook, including all rules and regulations for student conduct and attendance. (A copy will be given at the time of approval, but may be previewed on request.)
10. Transfer students entering grades 9-12 must be pursuing College, Career, and/or Military readiness and be on, at least, the Foundation with Endorsement graduation plan.
11. Transfer students entering grades 9-12 must be on track to graduate with their 9<sup>th</sup> grade cohort class.
12. Failure to meet any of the above guidelines is grounds for denial or non-renewal of transfer status. Any conflicts will be resolved by the Superintendent, and his/her decision is final. Guidelines may be waived or modified at the Superintendent's discretion due to extenuating circumstances.

**REQUIRED WRITTEN STATEMENT**  
**(NEW TRANSFERS ONLY)**

**FOR STUDENTS K-5**

Parents will attach a signed handwritten statement explaining why they want their children to attend Millsap ISD instead of their resident school district.

**FOR STUDENTS 6-12**

Students will attach a signed handwritten statement explaining why they want to attend Millsap ISD instead of their resident school district.

**REQUIRED INTERVIEW  
(NEW TRANSFERS ONLY)**

Once a transfer application and all required documentation have been prepared, the parent/guardian and student must submit the completed paperwork to the appropriate campus and attend an interview with the Principal or designee. The parent/guardian and student are responsible for contacting the appropriate campus to set an appointment for this interview. The Principal will make a recommendation to the Superintendent to approve or deny the transfer request.

**MILLSAP ISD MISSION, VISION, VALUES and EXPECTATIONS**

Millsap ISD is committed to helping your child reach their dreams. It is our belief that we can best do that in partnership with parents. Thank you for selecting Millsap ISD as the desired location for your child(ren)'s education. Our district values partnerships with parents, and we build relationships through the practice of ethical behavior and displaying mutual respect. Given you join the Bulldog Family, we are committed to building a mutually positive relationship with you. Please join us in this partnership that will enhance your child(ren)'s education.

**ACKNOWLEDGMENT**

I acknowledge that I have read and understand the MILLSAP ISD transfer policy and general guidelines for acceptance. I **(have) (have not)** read the Millsap ISD Student Handbook. **I further acknowledge that the Superintendent's decision in all transfer cases is final.**

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
STUDENT SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINCIPAL SIGNATURE

\_\_\_\_\_  
DATE

**PRINCIPAL RECOMMENDATION: APPROVE/DENY**  
(IF DENY, BRIEFLY STATE WHY ON BACK)