

**Southwest Independent School District Full-time Employees
Out-of-District Student Transfer Request Form
In Grades K-12 for 2017-2018 School Year**

Name _____ Date of Birth _____

Social Security # _____ Ethnicity _____ Sex _____

District attended last _____

School requested for **2017-2018** _____ **2017-2018 Grade** _____

Request transfer from _____
District (where you live) _____ School should attend (where you live) _____

Name of Parent/Guardian _____ Address _____ City & Zip Code _____

School where you work _____ Job Position _____

To be filled out in compliance with Court Order 5281

This request for an out-of-district transfer is made with a full understanding of and agreement to the following conditions.

1. Transfer shall be made subject to space being available in the student's grade level.
2. If the student's classroom(s) should become overcrowded, transfer may be canceled.
3. The transferred student must maintain a good attendance record, good conduct, and good citizenship grades or the transfer may be canceled.
4. Transportation shall be provided by the student's family.
5. UIL rules and regulations govern the eligibility of transfer students for participation in any UIL activity. See your building principal to clarify any activity that the student wishes to participate in.
6. By his or her signature below, each principal involved provides written assurance that the transfer is not for the purpose of participating in any UIL activity, or any other activity governed by UIL rules and regulations, whether or not under UIL sanctions, and that no proselytizing or tampering has occurred in violation of UIL rules and regulations.
7. This request for transfer must be renewed each school year in order for the student to remain at Southwest Independent School District.
8. Reviewed prior school records.

Parent Signature _____ Date _____

The student has met SWISD enrollment requirements () Approved () Not Approved

Principal Signature (Receiving School) _____ Date _____