



LEAKEYISD

"Soaring to Success"

P.O. Box 1129

Leakey, Texas 78873

830-232-5595 *Fax: 830-232-5535



TRANSFER APPLICATION PACKET

DATE: _____

Dear Student and Parent:

I am very pleased to learn of your interest in transferring to the Leakey Independent School District. Our District has made a commitment to quality schools, which depends much upon a shared commitment by our students and parents who want to participate in our positive learning environment. For applicants seeking to transfer into Leakey ISD from another school district, it is particularly important that both the student and the parent join in this commitment.

Transferring to Leakey ISD is not a right; *it is a privilege*. Texas law permits any child, other than a high school graduate, who is younger than 21 years of age and eligible for enrollment on September 1 of any school year to transfer **annually** from the child's school district of residence to Leakey ISD **only** if both Leakey ISD and the applicant parent, guardian, or person having lawful control of the child jointly approve and timely agree to the transfer.

Leakey ISD evaluates the conduct of all transfer students continually. Transfer students who demonstrate conduct not in compliance with Leakey ISD standards will not be readmitted. If admitted, transfer students shall be responsible for their transportation to Leakey ISD. Transfers are subject to our capacity to service students previously enrolled in Leakey ISD. In order to promote the positive learning environment that invites many students to seek transfer into Leakey ISD, I ask that each applicant for transfer and his/her parent (s) join in our shared commitment to quality schools by signing the attached pledge. I am pleased that you are applying for transfer into our District and I look forward to your becoming a part of Leakey ISD.

Please sign and return the enclosed applicant pledge, transfer application form, and the following documentation: your student's birth certificate (or other documents suitable as proof of identity), a copy of your student's records from the school most recently attended, and a record showing that your student has all required immunizations.

Chris Yeschke
Superintendent of
Schools

Enclosures: Applicant for Transfer Pledge
Application for Out-of-District Transfer
LISD Board Policy FDA (Legal) & (Local)

Applicant for Transfer to Leakey Independent School District

Pledge of Commitment to Quality Schools

By our signatures below, my parent(s) and I understand that my application for transfer, if approved, will be reviewed on an annual basis and that my attendance and/or disciplinary record may affect my ability to attend school at Leakey ISD.

My parent(s) and I pledge that:

1. We want, for me, the privilege of attending school at Leakey ISD.
2. We share Leakey ISD's commitment to excellent schools and desire for me to achieve maximum potential.
3. We will carefully read and I will comply with Leakey ISD's Student Code of Conduct and attendance policies and requirements.
4. We understand that if my attendance and conduct is not in compliance with Leakey ISD standards, I will not be readmitted
5. We understand that if I am admitted, LISD might provide, but is not responsible, for my transportation to Leakey ISD.
6. We agree that I will make every effort to be an exemplary, model student both academically and in conduct and behavior. Also, we agree that I will always follow LISD procedures and be respectful and courteous while on campus or when interacting with LISD employees.
7. We agree that I must follow all rules and regulations of the District, and that violations of the LISD rules and regulations may result in revocation of the Transfer Agreement and my transfer status during the school year and/or for the following school year.
8. We affirm that I have had no more than three (3) unexcused absences in the past 180 days of instruction and that I have had no more than one (1) discipline referral in the current or previous semester.
9. We understand that prior to the approval of my transfer, we shall furnish to Leakey ISD my birth certificate or another document suitable as proof of my identity, a copy of my records from the school I most recently attended, and a record showing that I have all required immunizations.

Student

Date

Parent or Guardian

Date

Parent or Guardian

Date

Leakey Independent School District
Application for Out-Of-District Transfer

For Office Use Only:	Filing Date: _____
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Instructions: This application form must be completed annually by the parent or guardian for any student who desires to transfer to Leakey ISD. The Superintendent of Schools will indicate approval or disapproval of the transfer after consideration is given to the factors listed in LISD Board Policy FDA (Local). For additional question or information, contact the Registrar at Leakey ISD at 830-232-5595.

STUDENT INFORMATION

Name of Student: _____ Grade (*incoming grade if summer*): _____

Student Social Security: _____ Date of Birth: _____

Address of Home Residence: _____

District of Home Residence: _____

District Attended Last Year: _____

PARENT/GUARDIAN INFORMATION

Parent (s)/Guardian Names: _____

Contact Numbers: home phone/cell phone/e-mail: _____

This information is true and correct. I understand that I must provide the following documentation before my child can be considered for transfer: My child's birth certificate (or other document suitable as proof of identity), a copy of my child's records from the school most recently attended, and a record showing that my child has a current immunization record with all required immunizations.

Parent or Guardian Signature

Date

The above application for transfer to Leakey ISD is: Approved Not Approved

Chris Yeschke, Superintendent of Schools

Date