



Manor Independent School District 2020-2021 New Application for an In District Transfer

This form must be turned in to the campus you wish your child to attend.

During our school closure, please email this form to PEIMS@manorisd.net or fax to 512-278-4969.

***If your child attended a Manor ISD school in the 2019-2020 school year,
this form is due by June 30, 2020.***

***This form is for students who are zoned for MISD but wish to attend another MISD school.
All blanks must be completed in order for this application to be considered.***

Student's Full Name: _____
Last First Middle

Student's ID #: _____ Student's Date of Birth: _____

Student's Grade Level for 2020-2021: _____ Student's Gender: Male Female

- During this year and/or last year my child:
- Had 95% Attendance or Higher
 - Passed all Classes
 - Passed all Portions of the Texas State-Mandated Assessment
 - Was not placed in/scheduled to be placed in a DAEP/JJAEP
 - Was not suspended or expelled or scheduled to be suspended or expelled

**The following documentation must be attached if a MISD school was not attended last year:
Attendance Records, Report Card, Discipline Records, Special Program Documentation**

Name of the school your child attended in 2019-2020: _____

Name of the school your child would attend **where you reside**: _____

Campus Preferred _____

Print Parent or Guardian Name: _____

Home Address: _____
Street Number & Name City Zip Code

Mailing Address (if different): _____

Home Phone: _____ Father Work # _____ Mother Work # _____

Email Address: _____ Cell phone # _____

Please check the appropriate statements and programs.

1. My child was enrolled, attended, or scheduled to attend a disciplinary alternative program (DAEP) during the present or last school year.

2. My child received the following services at the previous school OR My child received none of the services described below.

- Bilingual or English as a Second Language
- Counseling
- Dyslexia Program
- Gifted and Talented
- Section 504 Placement
- Other: _____

- Behavioral Class
- Occupational Therapy
- Physical Therapy
- Self-Contained Class
- Speech Therapy
- Other Special Education Program: _____

The Superintendent or Superintendent's designee has the authority to accept or reject any transfer request, provided that such action is without regard to race, ethnicity, religion, sex, disability, or national origin.

Transportation shall not be provided for students on a transfer.

Please initial by all applicable statements.

- _____ I understand that, if approved, this request is granted is for the academic year 2020-2021
- _____ I understand that transportation to and from the requested school is my responsibility.
- _____ I understand that it is my responsibility to have my child to school on time and to be picked up on time. Excessive absences and/or tardies can be cause for transfer revocation.
- _____ I understand that falsification of information is a Class A Misdemeanor and can lead to legal action.
- _____ I understand that eligibility of a transfer student to participate in UIL activities shall be determined in accordance with all applicable UIL regulations, so my child may not be able to participate in certain UIL activities. This may include athletics, fine arts, band, and other extra curricular high school activities.

Parents will receive notification as soon the application has been processed.

Is the parent a district employee? YES NO **If yes, which department/campus?** _____

I certify that I am the parent/guardian of the child listed above and that all information is correct to the best of my knowledge. I understand that, if approved, the transfer is for a period of one year only and subject to revocation during the school year. I understand that being approved for transfer in one school year creates no right or expectation that student will be admitted as a transfer student in subsequent years. I further understand that admission of one student in a family creates no right or expectation that another from the same family will be admitted as a transfer.

Parent/Guardian Signature

Date

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OFFICE USE ONLY

Date received by campus _____ PreK/1st time in school student, no documents to review: _____

Attendance Rate – Are there 10 or fewer absences/tardies for the year? ___YES or ___NO ___Excused ___Unexcused ___Tardies

Behavior – Is there any ISS, OSS, OR DAEP this year? ___YES or ___NO Campus Data Verification - Verified by _____

High School UIL Eligibility Verified: ___ Yes, eligible ___No, not eligible Signature & Date of Verifier _____

Status of Application by Principal ___ APPROVED or ___DENIED Principal Signature & Date _____

If denied, reason: _____

Date received by Central _____

Status of Application by Supt./Designee ___ APPROVED or ___DENIED

Supt./Designee Signature _____ Date _____

After Supt./Designee Approval/Denial –

Parent Notified of approval/denial: Date and Initials: _____

Name of Person Notified: _____ Notification by: PHONE OR EMAIL OR MAIL OR IN PERSON

Initials of Campus Staff Member That Updated Skyward Entry Comments _____