

Eustace Independent School District

April 11, 2024
Parent/Guardian,

Eustace ISD is honored that you have chosen to allow our district to be an integral part of your child/children's education. As you are aware, the 2023-2024 school year is coming quickly to a close and with that, we are already preparing for the upcoming, 2024-2025 school year.

In preparation for the upcoming school year, it is time to complete a new Application for Transfer form for each household that will be returning for this next school year. Each application will be received to determine enrollment eligibility based on the available capacity, conduct, and attendance of each student.

When you have completed the application, please sign and fill in the required information in the parent/guardian section of the application. We ask that your application be returned to the district by April 29th, 2024. Any application received after April 29th will not receive priority screening.

Please return your application, to either the Administration office, Email the address vtovar@eustaceisd.net or mail it to the address below:

Eustace ISD
Administration Office
Attn: Vanessa Tovar
PO Box 188
Eustace, TX 75124

Once your application has been reviewed, you will be notified of Eustace ISD's decision.

Thank you,

Vanessa Tovar
Administrative Assistant
Eustace ISD

ADMINISTRATION OFFICE

320 FM 316 SOUTH * PO Box 188 * EUSTACE, TX 75124
903.425.5128 * 903.425.5147 FAX



**EUSTACE INDEPENDENT SCHOOL DISTRICT
REQUEST FOR RETURNING STUDENT TRANSFER**



MUST BE RETURN BY: APRIL 29, 2024

Dear Parent/Guardian,

Date: _____

Students requesting transfer _____

We are honored that you are requesting a transfer for your student(s) to attend Eustace ISD. We pride ourselves in providing a challenging, caring, and safe learning environment.

Please complete these forms so that we may process your request.

_____ I understand that I am responsible for the transportation of my students(s) to and from school each (Please Initial) day.

_____ I understand that a new transfer form must be approved prior to attendance each school year. (Please Initial)

_____ I have read the following information regarding UIL Eligibility. (Please Initial)

_____ I understand Eustace ISD has a right to deny or revoke a transfer due to attendance, behavior, or (Please Initial) discipline. Transfers can be revoked at any time during the school year.

_____ I understand that this student transfer request must be submitted by the deadline date for approval (Please Initial) but may not be guaranteed. If not approved due to capacity, the transfer will then be added to a transfer waiting list.

_____ I understand if this application is not submitted by the deadline date, April 29, 2024, then your (Please Initial) student will be considered a new transfer and will not receive priority handling.

If a student transfers to a different high school after beginning the freshman year, he/she is NOT eligible to participate in any UIL Varsity activity until he/she has been enrolled in and regularly attended that school for a minimum of one calendar year or as determined by District UIL Eligibility Committee. UIL Varsity activities will include all varsity athletics, extracurricular teams and squads, marching/concert band contest, choir competitions, academic competitions and solo/ensemble competitions. If a change of residence is made, the student will not be eligible to participate in any UIL Varsity activity until he/she has been enrolled in and regularly attended classes at that school for fifteen (15) calendar days. All issues of eligibility are subject to UIL authority and District regulations.

1. Has any student requesting this transfer been suspended, placed in an alternative education program, or have a disciplinary record for violating school regulations? ____Yes ____No
If, yes, please explain: _____
2. Are you requesting this transfer for any student in order to avoid disciplinary action from your present district? ____Yes ____No If, yes, please explain: _____
3. Does any student requesting this transfer currently receive special services, such as speech, or academic support as outlined by an Individualized Education Program (IEP), a Behavior Intervention Plan (BIP), Section 504, or have any pertinent information pending?
____Yes ____No If, yes, please explain: _____

I verify that the above information is factual and that any misrepresentation of this information may result in denial of this request or immediate revocation of an approved transfer. I understand that failure to abide by the District's Code of Conduct, state attendance requirements, or to promptly pay any financial obligations owed to the District, such as school lunches, lost, damaged or destroyed school property, may result in immediate revocation of this transfer.

Signature of Parent/Guardian

Date

If 'Yes', please list names at time of graduation and year(s) of graduation:

Briefly provide us information for the reason you are requesting this transfer and any additional educational information relevant to any student requesting this transfer:

Thank You.

Texas Education Agency
Division of Equal Education Opportunity

Application for Transfer

EUSTACE ISD CURRENTLY ONLY CONSIDERS STUDENT TRANSFERS ON A SEMESTER BY SEMESTER BASIS

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

Instructions: This form must be used for all student transfers, within the State of Texas, including hardship. The superintendent of the receiving district must circle approved or not approved and sign the transfer form. For further information, contact the Division of Equal Opportunity at (512) 463-9671.

Student's Name	Current District of Enrollment	Grade 24/25	Eustace ISD Campus	Student's Birthday MM/DD/YYYY

THIS SECTION MUST BE COMPLETED BY PARENT OR GUARDIAN

I have been informed of the receiving district's policy concerning tuition charges, if any, for a transferred student whose grade is taught in the student's district of residence; and I accept responsibility for the payment of tuition.

Are you a district employee? YES NO

Printed (Parent/Guardian's) Name Parent/Guardian's Signature (Area Code) Phone Number

Street Address City State Zip District You Currently Live In

THIS SECTION MUST BE COMPLETED BY THE RECEIVING DISTRICT SUPERINTENDENT

School Year 2024-2025 Approved Not Approved

Superintendent Date 903-425-5151 Phone