

Office Use Only	
Date Received	Initials

SHARYLAND INDEPENDENT SCHOOL DISTRICT

1200 N. Shary Road, Mission, Texas 78572-4652 ▪ Phone: (956) 580-5200

OUT OF DISTRICT TRANSFER



THIS SECTION MUST BE COMPLETED BY THE PARENT/LEGAL GUARDIAN

*Parent/Guardian Name: _____
(Please Print Name)

NTD **Current SISD Student**

Address _____ Email Address: _____

Home Phone: _____ Work Phone: _____ Ext. _____ Cell Phone: _____

STUDENT'S LEGAL NAME	SISD ID Number <i>If Current Student</i>	DATE OF BIRTH	HOME DISTRICT NAME	HOME SCHOOL NAME	GRADE 2020-21	REQUESTED SCHOOL NAME (SISD)
1						
2						
3						
4						

***If your child is ganted special permission to attend Sharyland ISD. Permission must be evaluated on a yearly basis.**

Following are certain conditions which will nullify the special permission: 1. Refusal to abide by Sharyland ISD Student/Parent Handbook; 2. Chronic unexcused absences, tardiness, picking up before dismissal, or failing to pick up on time; 3. Consistent discipline problems; 4. Lack of parental support; 5. Inability to transport child to school and/or subjecting child to walk through hazardous crossings; 6. Refusal to attend tutoring classes; 7. Overcrowded 22:1 class ratio, 8. Failure to participate in school fundraisers; 9. If your child participates in Varsity UIL sports, he/she may be forbidden from participating for one complete year from approval date. This is in accordance with Texas UIL rules.

I acknowledge receipt of and will comply with the above-listed requirements.

Signature: _____ **Date:** _____

The above transfer was:

☐ **Approved through** _____ ☐ **Denied** _____
Date *Assistant Superintendent Signature*

_____ *Date*

Texas Education Agency Division of Equal Edu cation Opportunity County-District Number 108-911

(A New Student Transfer Form MUST Be Submitted Each School Year)

Called Parent: _____
Initials

E-Mailed to Campuses: _____
Initials