

ADMISSIONS
INTRADISTRICT TRANSFERS AND CLASSROOM ASSIGNMENTS

FDB
(EXHIBIT)

See the following pages for forms that may be used by the District regarding intradistrict transfers and classroom assignments:

- Exhibit A: In-District Reassignment Request — 1 page
- Exhibit B: Parent Request for Classroom or Intradistrict Transfer For Student Who Is a Victim of Bullying — 2 pages
- Exhibit C: Recommendation to the Board Regarding Classroom or Intradistrict Transfer of a Student Who Engaged In Bullying — 2 pages

Note: For bullying rising to the level of prohibited harassment, see FFH. For all other bullying, see FFI. For school safety transfers, see FDE. For additional information regarding the transfer of a student who is the victim of bullying or who engaged in bullying, including a student who receives special education services, see FDB.

EXHIBIT A

IN-DISTRICT REASSIGNMENT REQUEST

I.D. Number: _____

Student's Name: _____

Grade Level: _____

Parent's Name: _____

Phone Number: _____

Address: _____

Effective Date: _____

Current Campus: _____

New Assignment: _____

Reason(s) for Request: _____

Disapproved: _____ Approved: _____ Date: _____

A transfer request will be approved only for the current school year.

Approved by: _____

Intra-District Transfers FDB (Local)

A student who wishes to attend a school other than as assigned shall obtain prior approval from the Superintendent's designee at the Department of Student Services.

The Superintendent's designee shall assign students to schools according to attendance zones and reassign them in order to conform to:

1. Any changes in those boundaries or
2. Mandated student/teacher ratios
3. Bus transportation will not be provided to any student transferring to another campus (unless there is a change of address and the student qualifies for transportation)

When a student is reassigned, the parent/guardian shall be notified in writing.

Transfers from an assigned attendance zone shall be considered when a valid medical justification exists and is documented in writing by a physician licensed to practice medicine in Texas or upon the recommendation of the Admission, Review, and Dismissal Committee in cases involving special education students. The physician's statement shall include:

1. A statement of the specific physical or mental condition
2. Prescribed treatment
3. Length of time the student will be under treatment

EXHIBIT B

PARENT REQUEST FOR CLASSROOM OR INTRADISTRICT TRANSFER FOR
STUDENT WHO IS A VICTIM OF BULLYING

Note: For the transfer of a student who is the victim of bullying or who engaged in bullying, including a student who receives special education services, see FDB in the local policy manual. For school safety transfers, see FDE. For bullying rising to the level of prohibited harassment, see FFH. For all other bullying, see FFI.

Name of student

Age

Grade

Current school

Parent

Address

Home phone

Has an investigation been completed that confirms this student was a victim of bullying?

Yes

No

Does the student receive special education services?

Yes

No

Request reassignment

From: _____ (Current classroom)

To: _____ (Receiving classroom)

OR

From: _____ (Current school)

To: _____ (Receiving school)

Date reassignment requested _____

Reason for requesting reassignment (*attach supporting documents*): _____

This request for an in-District reassignment is made with a full understanding of, and agreement to, the following conditions:

1. Except as provided by law, the District will not provide transportation.
2. Unless granted a waiver by UIL, reassigned students will not be eligible to participate in any UIL activity, or any other activity governed by UIL rules and regulations whether or not under UIL sanctions, for a period of one year beginning with the date of enrollment in the receiving school. Ineligibility means that the student may not participate in rehearsals, workouts, or practices.
3. By signing this form, the parent and District official approving the transfer provide written assurance that the reassignment 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 recruiting or tampering has occurred in violation of UIL rules and regulations.

Signature of parent

Date

Approved

Not Approved*

*Reason: _____

Signature and title of District official approving transfer

Date

EXHIBIT C

RECOMMENDATION TO THE BOARD REGARDING CLASSROOM OR INTRADISTRICT
TRANSFER OF STUDENT WHO ENGAGED IN BULLYING

Note: For the transfer of a student who is the victim of bullying or who engaged in bullying, including a student who receives special education services, see FDB. For school safety transfers, see FDE. For bullying rising to the level of prohibited harassment, see FFH. For all other bullying, see FFI. *[Remove this note from final form.]*

Name of student

Age

Grade

Current school

Parent

Address

Home phone

Has an investigation been completed that confirms this student engaged in bullying?

- Yes **Attach investigation report**
 No

Does the student receive special education services?

- Yes*
 No

*The transfer of a student with a disability who receives special education services and who engaged in bullying may be made only by a duly constituted ARD committee under Education Code 37.004

Recommend reassignment

From: _____ (Current classroom)

To: _____ (Receiving classroom)

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OR

From: _____ (Current school)

To: _____ (Receiving school)

The parent was consulted and *(is/is not)* in agreement with recommendation.

By signing this form, the Superintendent provides written assurance that the reassignment 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 recruiting or tampering has occurred in violation of UIL rules and regulations.

Superintendent or designee

Date

Approved

Not Approved

Board President

Date