



Devine Independent School District

605 W. Hondo Ave., Devine, Texas 78016

(830) 851-0795 Fax (830) 663-6706
 Dr. Todd Grandjean, Superintendent

**Application for Student Transfer
 2023-2024**

Section A: General Information

| | | | |
|---|--|-----------------------|-----------|
| Student's Name | | Grade Level | |
| Student's Date of Birth: | | SSN: | |
| Name and Address of Parent(s) or Guardian Completing Application: | | | Comments: |
| | | | |
| | | | |
| Daytime Telephone Number | | Home Telephone Number | |
| Emergency Telephone Number | | | |
| Reason for Transfer Request to Devine ISD | | | |

Section B. Eligibility Status

| | |
|--|---|
| Indicate the status under which the student is eligible: | |
| <input type="checkbox"/> | Parent works in Devine ISD. Children of teachers and administrators may transfer with no annual tuition fee, but must apply annually. |
| <input type="checkbox"/> | Student is not a resident of Devine ISD and wishes to attend. |
| <input type="checkbox"/> | Student is currently a transfer student at Devine ISD. |

Section C: Student Information – For new student transfers

| | | |
|--|---|-------------------------|
| The student is currently enrolled in: | | |
| <input type="checkbox"/> | Public school. Please give the district and phone number. | District/School Name |
| <input type="checkbox"/> | Private school. Please give the school and phone number. | |
| <input type="checkbox"/> | Parochial or home school. | District/School Phone # |
| <input type="checkbox"/> | Charter school or academy. | |
| Through which grade has the student successfully completed his/her education? | | |
| Which grade will the student request transfer into? | | |
| Student's attendance record: | | |
| How many days was the student absent in the school year prior to the year for which a transfer is requested? | | |
| If this request is for a transfer during a school year, how many days has the student missed in the current school year? | | |
| If the student missed more than ten percent of the days in the school year, please provide an explanation: | | |

| | | | |
|--|---|---|----|
| Has the student engaged in conduct or misbehavior within the preceding years that has resulted in removal to an alternative education program (AEP), a disciplinary assignment outside the regular classroom or expulsion from any school district, charter school, private or parochial school, or academy? | | Yes | No |
| If YES , please specify school and disciplinary placement | | | |
| Reason for Removal | | | |
| Duration of Removal | | | |
| Is the student on probation, conditional release, or informal adjudication from a juvenile court for engaging in delinquent conduct or conduct in need of supervision? | | Yes | No |
| If YES , the legal guardian must provide a copy of the appropriate supporting court documents. | | | |
| Is the student on probation or other conditional release for conviction of a criminal offense? | | Yes | No |
| If YES , the legal guardian must provide a copy of the appropriate supporting court documents. | | | |
| Has any official, administrator, or director of the school from which the student is transferring communicated to you that the student would not be permitted to return to the school the following academic year? | | Yes | No |
| If YES , what reason was given? | | | |
| Are state-required vaccinations of the student complete and current? | | Yes | No |
| If YES , please submit a copy of the vaccination records within 30 days of your application. | | | |
| Previous Participation Information | | | |
| If your child is in the 7th to 12th grade, will they be participating in the District's Athletic Program? | | Yes | No |
| | If YES , has your child had a physical for the current year? | Yes | No |
| Does your child receive Special Education and related services? | | Yes | No |
| If YES , please provide a copy of the last implemented IEP. | | | |
| Does your child have a Section 504 plan? | | Yes | No |
| If YES , please provide a copy of the last implemented Section 504 plan. | | | |
| Has your child been identified as Gifted and Talented? | | Yes | No |
| If YES , which grade? | | | |
| Permission is hereby granted for my child to receive the routine screening offered by Devine ISD which may include vision, hearing and such general testing as ability, vocational aptitude, interest inventories, and achievement. | | Yes | No |
| Is any person legally restricted from picking up your child from school? | | Yes | No |
| If YES , please provide the names and documentation at time of enrollment. | | | |
| For Office Use Only | | | |
| Y/N Satisfactory discipline record from the sending campus | | Y/N Available space at grade level | |
| Y/N Satisfactory academic record from the sending campus | | Y/N Completion of all application paperwork within deadlines. | |
| Y/N Record of compliance with the Texas Compulsory Attendance Law | | Other: _____ | |
| <input type="checkbox"/> Transfer Approved | | <input type="checkbox"/> Transfer Denied | |
| | | _____ Administrator/Designee Signature | |