



SAN ANTONIO INDEPENDENT SCHOOL DISTRICT

PRE-KINDERGARTEN IN-DISTRICT TRANSFER REQUEST

School Year _____ - _____

The Pre-Kindergarten Transfer Request is to be completed by parents/guardians who request a temporary placement for a child from their residential attendance zone to another school within the San Antonio Independent School District.

- The request for transfer shall require a minimum 5-day waiting period in order for administration to determine availability and/or probability of space and pupil-teacher ratios as two of the factors that shall be considered prior to approval of any transfer request. Other factors that will be considered include, but are not limited to, administration's projection of adverse impact on the home campus and/or receiving campus and/or class; the need to maintain staffing levels and/or class size; the impact on and/or displacement of another student; adverse impact on attendance zones; facility limitations or changes, and other reasons.
The student must return to the home school the following year.

A. Parent/Guardian must complete this section. Please print.

Name of Student: _____ Age: _____
Address: _____ City/State: _____ Zip: _____
Home Phone: _____ Work Phone: _____ Students Birth Date: / /
The home school is/will be: _____ School Grade (at time of transfer): _____
Does your child receive: Special Education services? [] Yes [] No Section 504 services? [] Yes [] No
Do you live within the boundaries of the SAISD? [] Yes [] No
Are either parent/guardian employees of the San Antonio Independent School District? [] Yes [] No
Name of Employee: _____
Current Position: _____ Location: _____
Requested Schools: _____, _____, _____
Reason(s) for Transfer Request: Please state your reason(s) for requesting placement.
[] Overcrowding at home school or no program available at home school.
[] Child has moved into another SAISD attendance area and is requesting to stay at current campus for the remainder of the school year.
[] Other parent request. Please explain:
Printed Name of Parent/Guardian: _____
Signature of Parent/Guardian: _____ Date: _____
Please be aware that District policy requires that you be informed that presenting false information/records for identification is a criminal offense [Penal Code §37.10], and knowingly falsifying information on a form required for enrollment in the District may make the person liable for tuition or other costs as provided in District Policy FD (LEGAL) and Texas Education Code §25.001(h).

San Antonio Independent School District does not discriminate on the basis of race, religion, color, national origin, sex, or disability in providing education services, activities, and programs, including vocational programs, in accordance with Title VI of the Civil Rights Act of 1964, as amended; Title IX of the Educational Amendments of 1972; Section 504 of the Rehabilitation Act of 1973, as amended.

B. Parent/Guardian must carefully read the Terms & Conditions of Temporary Transfer and sign the acknowledgement of understanding.

TERMS & CONDITIONS OF TEMPORARY TRANSFER

Term of transfer: A transfer is considered valid as long as the student and parent/guardian comply with all of these conditions and the transfer is not revoked for any reason by the campus administration or Early Childhood Department.

1. A transfer student shall be responsible for complying with the policies and rules in the *SAISD Student Code of Conduct* and the school rules of the receiving campus and shall be subject to disciplinary consequences as established in the *SAISD Student Code of Conduct*.
2. A transfer student shall be responsible for maintaining attendance as required by law. The school shall take action against the parent and/or the student in accordance with compulsory attendance laws.
3. The student must return to the home school the following year.
4. The temporary transfer request applies only to the students named above and shall not be considered grounds for temporary transfer of other family members.
5. Applicable to students placed in response to parent preference only: In the event of overcrowding at the receiving school, the neighborhood student shall be given priority in placement over the transferred student. Therefore, the temporary transferred student could be returned to the home school based on the District's last-in-first-out procedure. Space availability, staffing ratios, or other District factors may be cause for revocation of a temporary placement as a result of parent preference.
6. The parent/guardian shall be responsible for all transportation of the student; no District transportation is available.
7. The District official in the Early Childhood Department determines the campus placement for all approved temporary transfers.

Note: The District has the authority to verify all of the information submitted regarding this transfer request. The District reserves the right to invalidate or revoke an approved transfer which has been based upon false information knowingly submitted by the parent/guardian in the application process.

As the parent/guardian, I hereby acknowledge my understanding of the Terms & Conditions as noted above.

Signature of Parent/Guardian: _____

Date: _____

C. Parent/Guardian must contact the home school principal.

A conference is not required but either the parent/guardian or the principal may request a conference to review the request. If the program is not available or there are space limitations in the program at the home school, the parent/guardian may make a request for transfer at another school. Signature of home school principal signifies that the principal is aware of the request and that the child requesting the transfer qualifies for the Pre-K Program. Signature does not imply approval of the request.

Home School Principal Use Only: Qualifies Yes No

Qualifying Criteria: Income Language Homelessness Active Military Family/Protective Services Conservatorship requirement

Signature of Home School Principal: _____

Date: _____

*Home school principal must send **original** signed form, copy of Pre-K application and supporting documentation to Early Childhood Department. Do not fax.*

D. Decision of District Official:

Contacted principal of requested school (date): _____ via phone via e-mail

Notes: _____

Approved Denied Placement at (name of school): _____

Transfer Code: _____

Student ID #: _____

Signature of District Official: _____

Date: _____

Early Childhood Department Use Only:

Copy to home school (date): _____

Copy to receiving school (date): _____

Parent notified (date): _____