**Dr. DEVIN PADAVIL, SUPERINTENDENT**

**TRANSFER STUDENT AGREEMENT**

**2023-2024**

Thank you for choosing Taylor ISD and trusting us with your student’s educational future.

The parent(s)/guardian(s) and student(s) requesting a transfer must agree to abide by the district’s and school’s standards for academic progress, attendance, discipline and parental cooperation.

You understand the following:

* The transfer student shall perform at or about grade level. \*\*
* The transfer student must pass all STAAR/EOC exams. \*\*
* The transfer student must maintain compliance with the 90 Percent Rule (Texas Education Code §25.092).
* Transportation of the transfer student is the responsibility of the parent(s)/guardian(s).
* The transfer is granted conditionally based upon the guidance outline in our Board Policy FDA (Local).
* The transfer student must comply with Athletic Eligibility Requirements (UIL Section 440(b)).
* The transfer may be revoked if student does not comply or meet set expectations.
	+ Such as chronic absences or receives a DAEP placement.
* Sibling transfers are not automatic. Each student **MUST** apply individually.
* The transfer application must be renewed each year.

\*\*Exception- Special Education Student’s academic records will be reviewed against the students Individualized Education Plan (IEP).

By signing, you agree that no information was omitted from the Transfer Student Application. You and your student will adhere to all standards/expectations set forth.

Student Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student ID:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name (Printed): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[www.taylorisd.org](http://www.taylorisd.org)

TAYLOR INDEPENDENT SCHOOL DISTRICT

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