

**Pflugerville Independent School District  
Intra-District Transfer Application**

\_\_\_\_\_ New Request  
\_\_\_\_\_ Renewal Request

This application must be completed by a parent or person standing in parental relation to any student currently enrolled in a PISD school requesting a transfer from a school in one residential attendance zone within the District to another school within the District. This application must be completed and submitted to the sending-campus building principal in order to be considered for an intra-district transfers. **Please Note:** Students approved for an Intra-District Transfer (IDT) will not be eligible to participate in any varsity level UIL sanctioned athletics for a period of one (1) school year.

Student's Name: Last	First	Middle	Current Grade	Current School Year: _____ School Year Requested: _____
Current Street Address (No P.O. Boxes)			Student's Age	Date of Birth
City		State	Zip	Home Phone:
Full Name of Parent(s)/Guardian(s):				Day Contact Phone Number:
<b>Transfer From:</b> (Current Zoned School of Attendance)			<b>Transfer To:</b> (Requested School)	
Special Services being provided at current school of attendance are (i.e., Special Education, Section 504, G/T, ESL, Bilingual, etc.):				

**PLEASE CIRCLE the letter representing your reason for this request: A B C D E F**

REASONS FOR APPROVAL	REASONS FOR REVOCATION
<p>The following are the acceptable reasons for granting an IDT based on the PISD Administrative Procedure and FDB(LOCAL). <b>Please note: Reasons A-F are acceptable only if the receiving campus' projected enrollment is below 100%</b> of capacity.</p> <p>A) A student may be granted a transfer in order to allow him/her to complete the <u>current school year</u> with his/her class (grades K-12). However, the student must transfer to the school within the zone of his/her new residence the following school year.</p> <p>B) A student may be granted a transfer at the time the student's place of residence changes in order to allow him/her to finish their 2nd grade year in primary schools if they have attended the same primary campus for grades K&amp;1; <b>or</b> 5th grade year if they have attended the same elementary campus in grades 3&amp;4; <b>or</b> 8th grade year if they have attended the same middle school campus in grades 6&amp;7; <b>or</b> to graduate with his/her class if the student is enrolled in the 11th grade and has completed requirements for senior standing.</p> <p>C) A student who is a resident of the district and whose parent/guardian is a full or part-time district employee may be granted a transfer to the campus of their choice. Such students shall not be permitted to remain on campus unsupervised after school hours. After-school supervision will be the responsibility of the parent/guardian and may not interfere with the performance of assigned duties of the parent/guardian or other employees of the district.</p> <p>D) A student may transfer from an <b>Overcrowded Campus</b> - defined as projected enrollment <b>greater than 100%</b> of capacity...to an <b>Open Campus</b> - defined as projected enrollment of capacity...<b>only if</b> space is available in the student's grade level.</p> <p>E) A student zoned to a campus identified on the PEG (Public Education Grant) List.</p> <p>F) One or more siblings currently attend the campus being requested in the following year. Name (of sibling): _____</p>	<p><b>Reasons for revoking</b> the transfer shall include, but are not limited to:</p> <ul style="list-style-type: none"> <li>• Overcrowding in grade level occurring at receiving campus and will begin with students approved via Reason D.</li> <li>• Repeated Student Code of Conduct infractions</li> <li>• Student commits a Student Code of Conduct infraction which results in a removal to a DAEP or the JJAEP</li> <li>• Documented patterns of late arrivals, late pick ups, and/or poor attendance</li> <li>• Falisfication of any information on/for this Intra-District Transfer form</li> <li>• Failure to provide information or documentation required by the District</li> </ul> <p align="center"><b>DATE THE HOME CAMPUS RECEIVED IDT FORM FROM PARENT:</b></p>
<p><b>Parent/Guardian Comments:</b></p> <p>_____</p> <p>_____</p>	
If the student is the child of a Pflugerville ISD employee, provide the employee's name and their workplace below:	
PISD Employee's Full Name	PISD Employee's Workplace

**This Intra-District Transfer (IDT) request is made with the full understanding of and agreement to the following:**

1. The parent or person standing in parental relation to the student for whom the IDT has been approved **must provide transportation** to and from school **for the student**.
2. An approved IDT is **only** for the school year requested. Parents/guardians must apply for a renewal on an annual basis during the designated timeframe. Renewals **are not** automatic or guaranteed for the upcoming school year.
3. Only one approved transfer for a student will be allowed per school year.
4. Approved IDT students **must** abide by the *Student Code of Conduct* **and** the *Extracurricular Activities Guidelines*.
5. The principal may revoke the IDT for serious or persistent misconduct and/or may revoke the transfer for any offense leading to placement in a DAEP or JJAEP; An IDT may also be revoked for any of the reasons listed on page one of this form under **REASONS FOR REVOCATION**.
6. Any falsification of information will be grounds for this application for an Intra-District Transfer to be denied and/or revoked. In addition, falsification of documents or records is a criminal offense under §37.10 of the Penal Code and subjects the person signing and/or submitting the IDT application to liability for tuition.
7. **PLEASE NOTE: A transfer may be revoked at any time if overcrowding occurs at the receiving campus.**
8. Students attending school in PISD via Intended Residency, Dual Residence, or Power of Attorney **must** attend the zoned campus of their established residence.

**PARENT/GUARDIAN STATEMENT AND SIGNATURE SECTION**

In signing this form, the parent or person standing in parental relation to the student confirms that he/she has read and understands the information contained within this form, that the student is not in PISD as an Intended Resident, Dual Resident, or under a Power of Attorney, and that all of the information provided to the District for enrollment is true/accurate. In signing this form, said person also agrees to all of the conditions set forth within the IDT process as stated on this form, in district procedures, as well as in policy.

<b>Parent/Guardian Signature</b>	<b>Date</b>
----------------------------------	-------------

**PLEASE NOTE:** If the transfer is denied, the parent or person standing in parental relation to the student may appeal the decision by sending the following items to the Director of Policy and Procedure, 1401 West Pecan, Pflugerville, Texas 78660: The denied IDT form, a **detailed letter** explaining why the transfer is being requested, and any supporting documentation the parent(s)/guardian(s) may have or deem appropriate or helpful to the Administrative Review Committee (ARC) in reviewing the parent's/guardian's appeal. **Please allow 10 working days after the appeal has been received by PISD for a response.**

**PISD ADMINISTRATORS USE ONLY**

Approved  Denied      Date \_\_\_\_\_      Home Campus Principal's Signature \_\_\_\_\_

Approved  Denied  Revoked      Date \_\_\_\_\_      Receiving Principal's Signature \_\_\_\_\_

Parent's/Guardian's transfer request meets an approval reason for an Intra-District Transfer:  Yes       No

Transfer  
Approval Code

**REASON DENIED/REVOKED:**  Intended Resident  Dual Resident  POA  Reason Not Valid  Closed Campus

Overcrowding in Grade  Other (Explain): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ADMINISTRATIVE REVIEW COMMITTEE/DIRECTOR OF POLICIES AND PROCEDURES REVIEW ON APPEAL**

<b>IDT</b>	<p><i>Because the PISD established attendance zones guide our planning and hiring decisions as well as distribute our students as equitably as possible throughout the district, please know that we are making every effort to be fair and consistent in the application of our guidelines for IDT approvals.</i></p> <p><b>Additional Comments:</b> _____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>Space for ARC use only (Stamp Approved or Denied)</p>	

<b>ARC Committee Member Signature</b>	<b>Date of Written Notification</b> to Parent/Guardian:	Receiving Principal:	Home Campus Principal:
---------------------------------------	---	----------------------	------------------------

- Home Campus:** Give copy of IDT to parent after stamping date received from the parent; Sign & send original to receiving campus.
- Receiving Campus:** Forward the IDT form to Administrative Services after completing/signing the applicable areas.
- Policy Department:** After completing/signing the applicable form, **send** copies of the signed form to both principals and letter to parent.