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Skellytown, Texas 79080
www.springcreekisd.net

2022-2023 INTER-DISTRICT STUDENT TRANSFER APPLICATION

Current SCISD Student

Spring Creek ISD Administration screens applications for inter-district student transfers. Except as mandated under Civil Order 5281, the acceptance or rejection of a student transfer shall not be made with regard to race, religion, color, sex, disability, or national origin.

As part of this screening process, applicants may expect the administration to do the following:

- Meet with parents/guardians and student regarding the potential student's school history and records; and,
- Consider heavily the student's grades, test scores, attendance, and discipline in the year immediately preceding the transfer request.

General Information

Date of Request: _____

Effective School Year: **2022-2023**

Student Full Legal Name: _____

2022-2023 Entry Grade Level: _____

Student Date of Birth: _____

Student Age: _____

Student Social Security Number: _____

Parent(s) Name: _____

Parent(s) Address: _____
(PO Box or Street) City State Zip

Parent Home Phone(s):

Parent Cell Phone(s):

Parent Work Phone(s):

School District Where Student Currently Resides: _____

Student Information

1. How many times has student changed schools within the past three years? _____
2. List activities student participates in outside of school.

_____	_____	_____
_____	_____	_____

Parent Understanding and Attestation

- I completely understand that if my student is permitted to attend Spring Creek ISD as a transfer student, I will be required to execute an Agreement for Inter-District Student Transfers and that Spring Creek ISD reserves the right to revoke the transfer of my student at any time during the year based on one or a combination of the following factors:

Academic Standing • Course Grades • Assessment Scores (State and Local) • Work Habits
Behavior • Disciplinary History • Excessive Tardies • Attendance

Parent Initials: _____

- I hereby attest that the information provided in this application for inter-district transfer is accurate and truthful. I understand that providing false or misleading information in the transfer application may result in the denial of the application, revocation of a student's inter-district transfer, and/or may have criminal consequences.

Parent Initials: _____

I hereby request that the student herein named be permitted to attend Spring Creek ISD as an inter-district transfer student.

Parent/Guardian Signature

SPRING CREEK INDEPENDENT SCHOOL DISTRICT

AGREEMENT FOR INTER-DISTRICT STUDENT TRANSFERS

Students who transfer to Spring Creek ISD while residing in other school districts are subject to certain conditions. Inter-district transfers are a privilege granted by the receiving district, and not a right of students living outside of the district. Spring Creek ISD retains the right to accept or reject any and all transfer applications, based on an individual evaluation of:

- Grades
 - ❖ The student must have maintained at least a 70 average in each of his/her classes in the school year immediately preceding the transfer request.
- Attendance
 - ❖ The student must have maintained at least a 90% attendance rate in the school year immediately preceding the transfer request.
- Test scores
 - ❖ The student must have met the passing standards all applicable STAAR, or other exit or grade-level testing.
- Disciplinary history: The following types of disciplinary history may be considered in reviewing your transfer application.
 - ❖ The student must not have received discipline referrals in the school year immediately preceding the transfer request.
 - ❖ The student must not have engaged in chronic minor violations of the Student Code of Conduct, including, but not limited to, repeated tardiness or dress and grooming code violations in previous academic school years.
 - ❖ The student must not have engaged in any single major violation of the Student Code of Conduct in the school year immediately preceding the transfer request, i.e., one that is punishable by placement in a Disciplinary Alternative Education Program, suspension or expulsion in previous years.
 - ❖ The student must not have engaged in any gang-related activity.
- All outstanding balances owed to Spring Creek ISD by the student or parent.
- Availability of space, resources, and instructional staff.
- Potential adverse effect of the transfer on the financial well-being of the district or the district's ability to continue providing quality educational services to all students.

Spring Creek ISD reserves the right to revoke the transfer of a student at any time during the year based on one or a combination of the factors below. Reasons for revocation of transfers are as follows:

- | | |
|---------------------------------------|------------------------|
| • Academic standing | • Course grades |
| • Assessment scores (state and local) | • Work habits |
| • Behavior | • Disciplinary history |
| • Excessive tardies | • Attendance |

Inter-district transfer students accepted and enrolled in Spring Creek ISD are required to submit a transfer request each school year. Existing transfer students are reviewed annually to confirm their continued eligibility for transfer status for the next school year. The same factors listed above will be considered when evaluating an existing transfer student's request. For example, a transfer student who is suspended or placed in DAEP while enrolled in Spring Creek ISD may be denied transfer for the following school year due to the student's disciplinary history.

IMPORTANT: *The parent of student must keep and maintain a current working phone number with the District.*

I/We, _____, of _____

Printed Name of Parent(s)/Guardian(s)

Printed Name of Student

understand and accept the conditions for an inter-district transfer as set forth in this agreement.

Parent/Guardian Name (Printed)

Parent/Guardian Signature

Date

Student Name (Printed)

Student Signature

Date

SCISD Use Only

The above transfer was:

☐ Approved

☐ Not Approved

On this _____ day of _____ of 20_____.

		(806) 273.6791
Superintendent/Designee	Date	Telephone

Spring Creek School Registration Form for School Year 2022-2023

Campus Name: Spring Creek School

Campus Phone: (806) 273-6791

STUDENT INFORMATION

Local ID	Student Name	Grade Level	Orig Entry Dt	Track	SSN	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Pacific Islander
						<input type="checkbox"/> White	<input type="checkbox"/> Black
						<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian
Gender	Date of Birth	Birth Place	Age (Sept 1st)	Texas Unique ID			
Address:					Student Home Phone:		
Mailing Address:					Student Cell Phone:		
Student Email:					Will your child be using bus transportation to get to school? <input type="checkbox"/> Yes <input type="checkbox"/> No		

PARENT INFORMATION

1. Guardian:	Relation:	2. Guardian:	Relation:
Address:		Address:	
City, St, Zip:		City, St, Zip:	
Employer:		Employer:	
Cell Ph:	Home Ph:	Cell Ph:	Home Ph:
Bus Ph:	Bus Ph:	Bus Ph:	Bus Ph:
Other Ph:	Phone Pref: <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Business <input type="checkbox"/> Other	Other Ph:	Phone Pref: <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Business <input type="checkbox"/> Other
Receive Mailouts: <input type="checkbox"/> Yes <input type="checkbox"/> No	Language Pref: <input type="checkbox"/> English <input type="checkbox"/> Spanish	Receive Mailouts: <input type="checkbox"/> Yes <input type="checkbox"/> No	Language Pref: <input type="checkbox"/> English <input type="checkbox"/> Spanish
Emergency Contact: <input type="checkbox"/> Yes <input type="checkbox"/> No	Email:	Emergency Contact: <input type="checkbox"/> Yes <input type="checkbox"/> No	Email:
Svc Branch:	Rank:	Svc Branch:	Rank:
Enrolling Person:		Enrolling Person:	
Right to Transport: <input type="checkbox"/> Yes <input type="checkbox"/> No	Driver License #: _____ State: _____	Right to Transport: <input type="checkbox"/> Yes <input type="checkbox"/> No	Driver License #: _____ State: _____
Vehicle Make:	Model:	Vehicle Make:	Model:
Color:		Color:	
Vehicle Plate #:	State:	Vehicle Plate #:	State:

EMERGENCY CONTACT INFORMATION

1. Name:	Relation:	Cell Ph:	Home Ph:	Bus Ph:
Other Ph:	Phone Pref: <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Business <input type="checkbox"/> Other	Right to Transport: <input type="checkbox"/> Yes <input type="checkbox"/> No	Driver License #: _____	State: _____
Vehicle Make:	Model:	Color:	Plate #:	State:
2. Name:	Relation:	Cell Ph:	Home Ph:	Bus Ph:
Other Ph:	Phone Pref: <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Business <input type="checkbox"/> Other	Right to Transport: <input type="checkbox"/> Yes <input type="checkbox"/> No	Driver License #: _____	State: _____
Vehicle Make:	Model:	Color:	Plate #:	State:
Doctor:	Bus Ph:	Dentist:	Bus Ph:	
Hospital:	Bus Ph:	Other Medical:	Bus Ph:	
List any Allergies or Health Concerns: _____				

SIBLING INFORMATION

Brothers/Sisters	Grade	School	Brothers/Sisters	Grade	School
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

BUS INFORMATION

Eligible:	Seat:	Special Requirements
Route:	Run:	Transportation:
Pickup Stop:	Dropoff Stop:	Special Seating:
Pickup Assigned:	Dropoff Assigned:	Wheelchair:
Pickup Route:	Dropoff Route:	

The above information is required for a permanent school record of your child and will be used by school personnel. Presenting false documents, records or information is a violation of state law and may subject you to tuition cost for your child. I certify that the information given above is correct. I authorize the school to contact the person named on this form and the above named physician to render such treatment as may be necessary in an emergency of said child. In the event parents, physician, or other persons named cannot be contacted, school officials are hereby authorized to take whatever action is necessary in their judgment for the health of the above child. I will not hold the school district financially responsible for emergency care and/or transportation.

Parent or Guardian Signature

Date of Birth

Date

(For Office Use Only)

Teacher Name:	Control Nbr:	Eligibility Code:
Birth Certificate on File:	Mil Conn:	Foster Care:
Soc Sec Copy on File:	At Risk:	Migrant:
Gift:	LEP:	BIL:
ESL:	Par Per:	Econ:
Special Education:	Prim:	Sec:
Tert:	Multi:	