



GREG GILBERT
SUPERINTENDENT

SANTO INDEPENDENT SCHOOL DISTRICT

P.O. BOX 67
SANTO, TEXAS 76472

ADMINISTRATION
PHONE: 940-769-2835
FAX: 940-769-3116

To: Parents or Guardians of Non-Resident Students

Santo is a proud school district with a rich history of traditions and high expectations. Your interest in our school is appreciated. We welcome students and parents who desire quality education in a balanced environment. In order to be considered for transfer to Santo ISD, students must submit a completed application and all required documentation to the campus office by June 15th for Semester 1 and December 1st for Semester 2.

Campus principals will make recommendations to the Superintendent for transfer approval or denial based on the general guidelines listed on the transfer application and in compliance with Court Order Civil Action 5281. A student's transfer may be revoked at any time during the school year if he or she fails to comply or fulfill the district transfer requirements. Transfer applications are evaluated on an annual basis.

Sincerely,

Greg Gilbert, Superintendent
Santo ISD

Date of Application: _____ Student Social Security #: _____ Student Name: _____

2023-24 Grade _____ Date of Birth _____ School District you **reside** in _____

Father's Name (or Guardian) _____ Telephone # _____

Mother's Name (or Guardian) _____ Telephone # _____

Alternative Numbers (Father) _____ (Mother) _____ (Relative) _____

Name of Last School Attended: _____ City _____

Dates of Attendance: _____ Name of Principal _____

PLEASE ATTACH THE FOLLOWING DOCUMENTS: NEW TRANSFERS ONLY

1. Copy of most recent report card.
2. A copy of transcript/academic achievement record (7th-12th grade).
3. Copy of most recent STAAR/EOC scores.
4. Copy of discipline history.
5. Copy of attendance records.
6. Copy of Birth Certificate.
7. Copy of Social Security card.

(PLEASE REVIEW INFORMATION) SANTO ISD TRANSFER POLICY

1. Transfers will be considered on a case-by-case basis for each student each year.
2. Santo ISD does not charge a tuition fee.
3. Santo ISD is not responsible for transportation of non-resident students.
4. For new enrollment: Applications must be submitted by June 15 for Semester 1 and December 1 for Semester 2.
5. Renewal transfer applications must be submitted by May 1st. Approval/denial decisions will be made after receiving state assessment scores.
6. Approved **Transfer Student requests** shall be effective per the District's DOI plan and are subject to comply with all District policy requirements and/or Transfer guidelines/requirements.

(PLEASE REVIEW INFORMATION) GENERAL GUIDELINES FOR ACCEPTANCE

1. Transfer students must not have a record of discipline issues at the sending school or while a student at Santo ISD.
2. Transfer students must not create a class overload.
3. Transfer students must not have a record of excessive absences or tardies, nor accumulate excessive absences or tardies at Santo ISD.
4. Transfer students entering grades 4-12 must have passed their latest state assessment exams and shall be required to pass all state assessment exams administered by Santo ISD.
5. Transfer students must be passing all classes taken at the sending school and be eligible for promotion to the next grade.
6. Transfer students must pass all classes at Santo ISD.
7. Students may not transfer for athletic purposes.
8. Transfer students must comply with requirements in the Santo Student Handbook and Code of Conduct. (Available online at: <https://www.santoisd.net> or a copy may be requested)
9. Failure to comply with any of the above guidelines or requirements will be grounds for denial or revocation of transfer status. Guidelines may be waived or modified at the Superintendent's discretion due to extenuating circumstances. Any conflicts will be resolved by the Superintendent. The Superintendent's decision is final.

REQUIRED WRITTEN STATEMENT

NEW TRANSFERS ONLY

FOR STUDENTS K-5

Parents will attach a signed handwritten statement explaining why they want their children to attend Santo ISD instead of the school district where they reside.

FOR STUDENTS 6-12

Students will attach a signed handwritten statement explaining why they want to attend Santo ISD instead of the district where they reside.

REQUIRED INTERVIEW

NEW TRANSFERS ONLY

The completed transfer application and all required documentation must be submitted to the appropriate campus principal by the designated deadline. The principal will review the information and schedule an appointment for the parent and student interview. The Principal will then make a recommendation for approval or denial to the Superintendent.

ACKNOWLEDGMENT

I acknowledge that I have read and understand the SANTO ISD transfer policy and general guidelines for acceptance.
I further acknowledge that the Superintendent's decision in all transfer cases is final.

PARENT/GUARDIAN DATE

STUDENT DATE

PRINCIPAL DATE

RECOMMEND: APPROVE DENY
(If denied, please briefly state why)

Boxed sections must be completed by parent or guardian; SISD campus staff will assist you with the remainder.

Authority for Data Collection: Texas Education Code 21.061; Civil Action 5281, Section A

Planned Use of Data: To complete the report required by Federal Court Order Civil Action 5281.

Instructions: This form must be used for all student transfers, within the State of Texas, including hardship. Column instructions can be found on the reverse side of this form. The Superintendent of the receiving district must circle approved or denied and sign the transfer form. For further information, contact the Division of Equal Education Opportunity at (512) 463-9671.

Student's Name	Ethnic Code	Current Attendance Data Student's Residence		District Student Attended Prior Year		Campus Assigned in Receiving District
		Co. Dist. No.	Campus No.	Co. Dist. No.	Grade	Campus No.

This section must be completed by parent or guardian:

I have been informed of the receiving district's policy concerning tuition charges, if any, for a transferred student whose grade is taught in the student's district of residence, and I accept responsibility for the payment of tuition.

Signed: _____
Parent's (Guardian's) Signature

Street Address _____

City, State, Zip: _____

This section must be completed by the receiving District Superintendent:

The above transfer(s) was (approve) (deny) on this the _____ day of _____, 20__.

Name of Receiving District Superintendent

Greg Gilbert, Superintendent _____
 Date

940-769-2835
 Telephone

 Signature

One copy should be retained at both districts for audit purposes.
 DO NOT MAIL TO THE TEXAS EDUCATION AGENCY.
 (IF DENIED, BRIEFLY STATE WHY)