

DRIPPING SPRINGS INDEPENDENT SCHOOL DISTRICT
2021-22 STUDENT TRANSFER APPLICATION

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|---------------------------------------------------------------------|-----------------------------------------------------------------------|
| Student Name: Last _____ First _____ <i>one student per form</i> | |
| Date of Birth (mm/dd/yyyy): _____ | Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Current Address (include city, state, & zip): _____ | Student will be in Grade: _____ |
| Name of Parent/Guardian: _____ | Phone #: _____ |
| Email Address: _____ | |

RESIDENT SCHOOL DISTRICT / CAMPUS

ALL FIELDS REQUIRED - DO NOT LEAVE BLANK

Currently reside *outside* DSISD attendance boundary

- School district student would attend if not transferring: _____
- Campus student would attend if not transferring: _____
- \$35 transfer application fee required
 - Mail to attn: Sheila Lamb, PO Box 479, Dripping Springs, TX 78620
 - Drop off at 510 W. Mercer St.
 - Pay with credit card at www.dsisdtx.us

OR

Currently reside *in* DSISD attendance boundary

- Campus student would attend if not transferring:
- | | |
|----------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> Dripping Springs ES | <input type="checkbox"/> Dripping Springs MS |
| <input type="checkbox"/> Cypress Springs ES | <input type="checkbox"/> Sycamore Springs MS |
| <input type="checkbox"/> Rooster Springs ES | <input type="checkbox"/> Dripping Springs HS |
| <input type="checkbox"/> Sycamore Springs ES | |
| <input type="checkbox"/> Walnut Springs ES | |

TYPE OF REQUEST

Building/Buying a residence in DSISD

- Estimated Move In Date *must be within 120 days of transfer application*: _____
- Attach the first page of the contract for the new home *must show the home's address*
- Attach the page from the contract or a letter from the builder that shows the estimated move-in date

DSISD Employee* Child application fee *not* required
**out of district employees must work minimum 4 hours per day to be eligible for their child to attend DSISD*

Employee Name: _____

Employee Campus: _____

In-District Transfer Between Campuses
include a letter explaining the reason for the request

Bilingual Program Transfer to DSES
approval will be based on student testing

Moving out of attendance zone, wish to remain at current campus for remainder of school year

REQUESTED DSISD CAMPUS

- Dripping Springs ES
 Cypress Springs ES

- Rooster Springs ES
 Sycamore Springs ES

- Walnut Springs ES
 Dripping Springs MS

- Sycamore Springs MS
 Dripping Springs HS

I understand that, if approved, the transfer is granted conditionally based on the following criteria: program availability, student discipline and student attendance including tardies. An intradistrict transfer may be revoked based on conditions expressed in Board Policy FDB (Local). It is effective for one school year only. I understand that transportation to the requested school is my responsibility. I have read and understand the District Policy and Administrative Regulations on student transfers. I agree to abide by all rules and regulations set forth in the policy. I understand that as a transfer student, school placement may be changed to accommodate resident students. I understand that falsification of a document related to school records is a criminal offense and that a person who knowingly falsifies information on a form required for enrollment is liable for tuition or costs if the student is not eligible for enrollment in the district.

| | |
|-----------------------------------|-------------|
| Parent/Guardian Signature : _____ | Date: _____ |
|-----------------------------------|-------------|

Deliver this application to the DSISD Central Administration, 510 W. Mercer St., Dripping Springs, TX 78620; or mail to Sheila Lamb, DSISD Central Office, P.O. Box 479, Dripping Springs, TX 78620; or submit via email attachment to transfers@dsisdtx.us

| FOR OFFICE USE ONLY | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|
| Principal Signature _____ | Date: _____ |
| Supt. Signature _____ | Date: _____ |
| Transfer Approved <input type="checkbox"/> | Transfer Denied <input type="checkbox"/> |
| Verification of Employment _____ Application Fee Payment Type: <input type="checkbox"/> Online <input type="checkbox"/> Cash <input type="checkbox"/> Check Current District #: _____ | |