

ORE CITY INDEPENDENT SCHOOL DISTRICT
Lynn Heflin – Superintendent

Dear Parent/Guardian:

Ore City ISD exercises the right to choose to accept some students as transfers and reject others. Principals will take the following criteria in to consideration when making a recommendation to the superintendent:

1. **Grades:** Students whose grades indicate a serious academic problem may not be approved.
2. **Attendance:** State money is allotted on student attendance. Students with poor attendance records or excessive tardies may not be accepted.
3. **Discipline Record:** Students whose presence in a classroom would be disruptive or prevent other students from learning may not be approved. Students who have been suspended, placed in a DAEP, or expelled, may not be approved.
4. **STAAR OR EOC Test Results:** Since the state holds each school district accountable for student scores, we may not accept a student whose scores indicate significant instructional problems.
5. **Special Program Placement:** If placement is required and the particular program is overcrowded or is one that we do not offer, the request may not be approved.
6. **Classroom Size:** Transfer applications may not be approved if it would require adding an additional teacher or overcrowd a classroom.

**NOTE: Student transfers may be revoked at anytime due to:
student behavior warrants suspension (in or out of school), placement in a disciplinary program, or expulsion;
student attendance falls below TEA truancy standard**

After you have completed the application, return it to the appropriate campus principal. The superintendent will take action on your request and you will be notified of the decision made.

Thank you for your interest in Ore City Independent School District.

**APPLICATION FOR STUDENT TRANSFER
Ore City Independent School District**

School Year _____ - _____

STUDENT INFORMATION

Student Name: _____

First

Middle

Last

Race: __ Hispanic or Latino __ Am.Indian __ Black or African American __ Native Hawaiian or Pacific Islander __ White

Date of Birth _____ Age: _____ Gender: __ M __ F Grade Level: _____

Student Physical Address _____ City _____ Zip Code _____

Student Lives with: Mother Father Both Other (Name/Relationship) _____

Name of Parent/Guardian: _____

Mailing Address: _____ City _____ Zip Code _____

Resident Phone: _____ Business Phone _____ Cell Phone _____

Is Parent/Guardian an OCISD Employee? Yes No

TRANSFER INFORMATION

District of Current Residence Name of Campus of Current Residence Name of Last School Attended

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Signature below certifies that all the information above is true and accurate to the best of my knowledge. I understand that I am making a one-year commitment. Transfers must be renewed each year.

Signature of (Check One): __ Parent __ Guardian* __ Legal Guardian*

Date

*If you are the guardian or legal custodian, please attach a copy of the court ordered custody agreement.

SECTION TO BE COMPLETED BY RECEIVING DISTRICT PRINCIPAL

Recommendation: _____ Granted _____ Denied on this _____ day of _____, 20____

Principal's Signature _____

List reason(s) for denial:

SECTION TO BE COMPLETED BY DISTRICT SUPERINTENDENT

Transfer is _____ Granted _____ Denied on this _____ day of _____, 20____.

Signature of Superintendent: _____