BURKBURNETT ISD
NON-RESIDENT STUDENT REQUEST TO TRANSFER INTO THE DISTRICT
FOR YEAR 2024-2025

Student’s name: ____________________________ School district in which student resides: ____________________________

Current address: ______________________________________________________________________________________

Parent’s name: ____________________________ Parent’s address: ______________________________________________________________________________________

Cell phone or Home phone: ____________________________ Work phone: ______________________________________________________________________________________

Reason for transfer request: ____________________________________________________________________________

Is either parent employed by the Burkburnett ISD: ☐ Yes ☐ No

*Is either parent stationed at Sheppard AFB on active military orders? ☐ Yes ☐ No

Has the student ever been enrolled in Burkburnett ISD? ☐ Yes ☐ No

Student’s grade level for year of requested transfer: _________

Campus and District last attended: _______________________________________________________________________

Student’s attendance record:

• How many days was the student absent in the school year prior to the year for which a transfer is requested? ____________

• If this request is for a transfer during a school year, how many days has the student missed in the current school year? _______

• If the student missed more than ten percent of the days in the school year, please provide an explanation: ________________________________________________________________

Has the student been expelled or removed to a DAEP for one or more days in the most recent school year? ☐ Yes ☐ No

During the preceding year? ☐ Yes ☐ No    If yes to either question, for what offense(s)? ________________________________

As a parent or person standing in the position of legal responsibility for the child named in this request, I acknowledge that I have received the Transfer Agreement that must be executed before the child is enrolled in the District. The information provided in this form is true and factual to the best of my knowledge, and I understand that if any of this information is ever found to be incorrect, this application may be denied or revoked.

_________________________________________    ____________________________
Parent Signature                                      Date

*I have verified the PCS orders of the military member _______________

If applicant is a military member, the information below is not required.

☐ APPROVED    ☐ DENIED
Principal Signature    ____________________________

Date

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<tr>
<th>STUDENT’S RESIDING DATA</th>
<th>RECEIVING CAMPUS DATA</th>
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<td>County-District-Campus</td>
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Revised February 2024
BURKBURNETT ISD - TRANSFER AGREEMENT

This Transfer Agreement establishes the terms and conditions for _________________________________ ("student") to attend ________________________________ campus of Burkburnett ISD public schools ("District") as a transfer student for the 2024-2025 school year, although the student is a resident of the ________________________________ school district. The student’s parent or other person having lawful control of the student, ________________________________ ("parent"), requests that the student be permitted to attend Burkburnett ISD schools in the 2024-2025 school year and agrees to the following terms and conditions for that transfer:

- This transfer is effective for the current school year only. District approval of this transfer creates no right or expectation that the student will be admitted as a transfer for any subsequent school year.

- This transfer is approved for the named student only. District approval of this transfer creates no right or expectation that another student from the same family will be admitted as a transfer.

- The student must maintain, throughout the entire school year, acceptable levels of attendance and compliance with District rules and regulations, including the Student Code of Conduct, such that no offenses result in removal to a disciplinary alternative education program or expulsion, and no referrals are made within any grading period for other misconduct.

- In accordance with Board policy FDA (LOCAL), the Superintendent may revoke the transfer of a student who fails to maintain an acceptable level of attendance or compliance with District rules and regulations, including the Student Code of Conduct, or may initiate withdrawal of a student whose tuition payments are delinquent. Notice of revocation will be sent to the district of residence.

- If this agreement is revoked, revocation ordinarily will be effective at the end of a semester; however, the Superintendent has discretion to revoke the transfer immediately if the student’s continued attendance threatens the safety of other students or teachers or will be detrimental to the educational process. If this agreement is revoked for nonpayment of tuition, revocation will be effective immediately.

- The parent or the student will be responsible for transportation to and from the District school to which the student is assigned or to a previously established bus stop.

- The student and parent acknowledge that eligibility of transfer students for participation in any UIL activity or other activities governed by UIL rules and regulations will be determined in accordance with UIL rules and regulations.

- Except as modified by this transfer agreement, the student will be subject to all policies, regulations, rights, privileges, and responsibilities of enrollment in the District as if he or she resided in the District.

The District and the parent agree that this transfer agreement is the entire agreement controlling the admission and enrollment of the student in the District for the 2024-2025 school year.

Parent’s signature: ______________________________________________________
Date: ________________________________