



May 13, 2020

RE: Employee Student Transfer

VISD Employee,

If you are planning to enroll your child in VISD next year, you must complete this packet and return it to me by May 29, 2020.

If you have questions or concerns, call me at 409-951-8724 or email me at [dwheat@vidorisd.org](mailto:dwheat@vidorisd.org).

Thank you,

A handwritten signature in cursive script that reads "Rwheat".

Rene' Wheat  
Superintendent's Secretary

Teacher request forms are optional and should be returned to the appropriate campus.



**Non Resident Student Employee Transfer Application  
Office of the Superintendent**

The completion of this application serves only as a request for transfer. Vidor ISD will determine whether the transfer request is granted. A transfer request is not approved or granted until the Non-Resident Employee Student Transfer Agreement is signed by the Superintendent or Superintendent Designee. All student transfer decisions are considered on an individual basis, consistent with Vidor ISD policy FDA (local), and without regard to sex, race, national origin, religion, disability, or ancestral language.

**This section must be completed by the VISD Employee:**

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Current "Resident" District: \_\_\_\_\_ ISD – Campus Name: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

VISD Campus Preferred: \_\_\_\_\_

Circle any special services being provided at the current school: Special Ed. | 504 | GT | ESL | Bilingual  
Other: \_\_\_\_\_

**Note to Parent/Guardian/Students**

- Refer to Policy FDA (local) for more information related to non-resident student transfers to Vidor Independent School District.
- If granted, each transfer is valid for a period of one school year only, and is subject to revocation during the school years as outlined in District policy FDA (local) and the Non-Resident Student Transfer Agreement.
- Approval of a transfer request for the current year does not imply or guarantee that a transfer request will be approved the following year. The parent/guardian must re-apply for a transfer each school year.
- Vidor ISD does not provide transportation to or from school for transfer students.
- By signing below, I authorize VISD to analyze education records of my child's attendance, grades, state assessments and conduct for the school district listed above.
- By my signature below, I expressly confirm that I agree with and accept all of the reason for a transfer agreement, and further agree that this agreement can be revoke for any of those reasons before the end of the school year for which the transfer is approved.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

Vidor ISD  
District Name

181-907  
County/District

Texas Education Agency  
Application for Out of District Transfer  
2020-2021

Authority for Data Collection: Texas Education Code 21.061 061: 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 hardships.  
The Superintendent of the receiving district must circle approve or disapproved and sign the transfer form.  
For further information, contact the Division of Accreditation at (512) 463-9671.

Student's Name	Student's Social Sec. #	VISD last year? Yes or No	Current Residence District	District Student Attended Last Year (2019-2020)	Grade Level (2020-2021)	VISD Campus Assigned for (2020-2021)

This section must be completed by parent or guardian: **PLEASE PRINT**

Parent/Guardian Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Additional Contact Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This section must be complete by the receiving district's Superintendent:

The above transfer (s) was APPROVED / DISAPPROVED on this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

Name of Receiving District Assistant Superintendent	Date Received	Telephone Number	Signature of Assistant Superintendent of HR
Mr. Travis Maines		409-951-8724	

## Teacher Request Form

Student Name: \_\_\_\_\_

Employee Name/Campus: \_\_\_\_\_

Relationship to student (Please circle):

Parent

Grandparent

Campus: \_\_\_\_\_

Grade Level: \_\_\_\_\_

Please list teacher requested in order of preference:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_