



Edinburg Consolidated Independent School District

2024-2025

Out of District Transfer Application

OUT 2025

☐ New Student

ID#: _____

Information

Instructions: This form must be used for all student transfers, **within the State of Texas**, including hardship. The Superintendent of the receiving district must approve or disapprove and sign the transfer form. For further information contact the **Pupil Accounting Department** at **956-289-2300**.

Return the completed application to: 411 North 8th Street, Edinburg, Texas 78539.

New Out of District Student Checklist: A copy of the items listed below must be included with your Out of District Application to prevent processing delays.

☐ Current **Utility Bill** with parent's name ☐ Most recent **Report Card** ☐ Most recent **Discipline Record** ☐ Most recent **Attendance Record**

Part A: Student Information

Requesting School - 1st Choice	Requesting School - 2nd Choice	Will student participate in Athletics? <input type="checkbox"/> Yes <input type="checkbox"/> No		Will student participate in Fine Arts? <input type="checkbox"/> Yes <input type="checkbox"/> No
Student's Legal Name	ID#	Date of Birth	Age	2024-25 Grade Level
Name of School District where you live	Name of School Campus Zoned to	Name of School District Last Attended		2023-24 Grade Level
Has the student ever attended Edinburg CISD? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, Last School Year Attended	If yes, Name of Edinburg CISD Campus Attended		
Does student have siblings in Edinburg CISD? <input type="checkbox"/> Yes <input type="checkbox"/> No	Sibling's Full Name	Sibling's Birthdate	Sibling's Current ECISD Campus	

Part B: Parent Information

Printed Name of Parent/Guardian #1		Printed Name of Parent/Guardian # 2	
Physical Address	City, State, Zip Code	Mailing Address	City, State, Zip Code
Cellphone Number	Secondary Phone Number	Work Phone Number	
Is Parent an ECISD Employee? <input type="checkbox"/> Yes <input type="checkbox"/> No	Employee ID#	Employee Campus #	
Printed Name of Parent/Guardian		Signature of Parent/Guardian	
		Date	

***** OFFICE USE ONLY *****

Student Status <input type="checkbox"/> Active <input type="checkbox"/> Inactive	At Campus	Student ID#	Campus ID of Residence#
<input type="checkbox"/> Moved out from ECISD and wants to remain at: _____		<input type="checkbox"/> Siblings enrolled in ECISD at: _____	

***** SUPERINTENDENT DESIGNEE ONLY *****

Prior Year Attendance Acceptable? <input type="checkbox"/> Yes <input type="checkbox"/> No	Discipline Acceptable? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> PY (Prior Year Reviewed)	<input type="checkbox"/> YTD (Year to Date Reviewed)
This out of district transfer application was <input type="checkbox"/> Approved <input type="checkbox"/> Denied by Superintendent Designee Dr. Anthony Garza, Assistant Superintendent for Support Services.			Reason(s) for Denial <input type="checkbox"/> Referrals (<i>Discipline</i>) <input type="checkbox"/> Attendance (<i>Absences</i>) <input type="checkbox"/> Failing Grades <input type="checkbox"/> School/Grade Level at Capacity <input type="checkbox"/> Other: _____
Signature: _____		Date: _____	
Typed Name of Receiving Superintendent Dr. Mario H. Salinas		Telephone (956) 289-2300	

OUT-OF-DISTRICT TRANSFER AGREEMENT

This Transfer Agreement establishes the terms and conditions for the student named below to attend Edinburg CISD public schools as a transfer student for the 2024-2025 school year. The student is a resident of the _____ school district. The student's parent or guardian requests that the student be permitted to attend Edinburg CISD schools in the 2024-2025 school year and agrees to the following terms and conditions for that transfer:

1. Students in grades pre-kinder thru 12 are eligible for the 2024-2025 school year Open Enrollment.
2. 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.
3. 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.
4. The student is expected to have acceptable levels of attendance and compliance with the Student Code of Conduct throughout the school year. Acceptable levels are defined as:
 - a) attendance that does not place the student at risk of losing credit under Education Code 25.092 or require the district to warn the parent(s) or the student of truancy proceedings under Education Code 25.095.
 - b) compliance with the Student Code of Conduct that results in no offenses requiring removal to an Alternative Education Program or expulsion and no more than two referrals each grading period for other Code of Conduct infractions.
5. Parent(s) must comply with and observe all District policies and District and campus procedures and requirements.
6. No Tuition will be assessed for approved transfers.
7. The parent(s) or the student will be responsible for transportation to and from the district school to which the student is assigned.
8. 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(s) 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.

Attendance Supervisor

Signature of Parent/Guardian

Date