

BELLVILLE INDEPENDENT SCHOOL DISTRICT

2024-2025

Application for STUDENT Transfer

This application is for students applying for transfer into Bellville ISD. Please complete the form (**highlighted items only**) and return as soon as possible to the Bellville ISD Administration Office at 518 S. Mathews St. Bellville, TX 77418.

THIS SECTION MUST BE COMPLETED BY PARENT OR GUARDIAN: PLEASE PRINT.

I have been informed of the Bellville ISD policy concerning registration charges for a transferred student whose grade is taught in the district of residence, and I accept responsibility for the payment of the annual registration fee.

Date: _____

Student's Full Name: _____

Student's Social Security Number: _____ Grade 2024-2025: _____

Student's Date of Birth: _____ Student's Ethnicity: _____

District Student Lives In: _____

Name of **School** Student Would Attend in District named above: _____

Name of **School** Student Attended Prior Year: _____

Preferred Bellville ISD Campus: ☐ West End Elem. (K-5) ☐ O'Bryant Primary (PK-3)
☐ O'Bryant Intermediate (4-5) ☐ Bellville Junior High (6-8) ☐ Bellville High School (9-12)

Does student receive/ need Special Education Services? ☐ **YES** ☐ **NO**

If YES, please explain _____

Parent or Guardian Name: _____ Signature: _____

Phone Number(s): _____ Email Address: _____

Street Address: _____ City/ State/ Zip: _____

Mailing Address: _____ City/ State/ Zip: _____

➤➤ PLEASE COMPLETE THE TRANSFER POLICY ON REVERSE SIDE ➤➤

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*Please note that submittal of your application does not imply your request has been approved.
For questions, please contact the Bellville ISD Administration Office at 979-865-3133 or fax information to 979-865-7019.*

FOR OFFICE USE ONLY

This section must be completed by the receiving district superintendent.

The above transfer was Approved / Disapproved on this _____ day of _____, 2024/2025.

Signature: _____

Dr. Michael Coopersmith
Bellville ISD Superintendent Designee

Current Attendance Data/ Student's Residence: Co. Dist No. _____ Campus No. _____

Student's Ethnic Code: _____

Fee Status: Amount Paid _____ Date Paid _____ Form of Payment _____

Comments: _____

BELLVILLE ISD OUT OF DISTRICT ENROLLMENT BISD Policy FDA (LOCAL)

Nonresidents may enroll their children in Bellville ISD schools with no tuition charge, according to the following stipulations:

- **Students must reapply for interdistrict transfer annually.**
- **A transfer shall not be approved that would limit the educational opportunities of resident students.**
- **The Superintendent has the authority to accept or reject any transfer request, provided that such action is without regard to race, religion, color, sex, disability, or national origin.**
- **Transportation shall not be provided for interdistrict transfer students.**
- **Excessive absences, tardies, or early pickups from school can result in the revocation of the transfer.**

REVOCATION The Superintendent has the authority to revoke interdistrict transfers as provided in the transfer agreement. Students who transfer into the Bellville ISD shall follow all rules and regulations of the Bellville ISD, including, but not limited to, Bellville ISD policies and regulations, the Student Code of Conduct, and attendance requirements. Failure to fulfill any of these responsibilities may result in the immediate revocation of the transfer agreement.

Please initial the following:

_____ **I understand that I must reapply for a transfer to Bellville ISD each year.**

_____ **I understand that, if approved, this request is granted conditionally on student behavior, academics, and attendance, including tardies.**

_____ **I understand that transportation to the assigned school is my responsibility.**

_____ **I understand that falsification of information is a Class A Misdemeanor, which can lead to legal action and will lead to revocation of this agreement.**

_____ **I understand that I must follow all UIL rules concerning student transfers and the UIL eligibility limitations regulating high school, varsity, athletic competition for nonresident transfers.**

Student Name: _____

Parent/Guardian Signature

Date