



## PALO PINTO INDEPENDENT SCHOOL DISTRICT

P.O. Box 280  
Palo Pinto, TX 76484  
Telephone (940) 659-2745  
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**WENDELL BARKER**  
Superintendent

**Natalie Rogers**  
Principal

Thank you for your interest in Palo Pinto ISD. We appreciate your interest in joining our community of learners striving to be prepared for the challenges of life. In order for us to consider your application, please return the following documents:

- Transfer application packet (Transfer Conditions; Transfer Application; TEA Application for Transfer)
- School records indicating your child's attendance for the previous and current school year (if not at Palo Pinto ISD)
- Discipline records for at least the past two school years (if not at Palo Pinto ISD)
- Copies of your child's grades for at least the past two school years (if not at Palo Pinto ISD)
- Copies of my child's assessment scores (e.g., STAAR, TPRI) for the past two years, as applicable (if not at Palo Pinto ISD)
- Copy of child's birth certificate
- Copy of child's social security card
- Copy of child's updated immunization record
- Proof of income (PK-K only) and **RESIDENCY (all students)**

Once again, thank you for your interest in Palo Pinto ISD. We look forward to scheduling an interview or speaking with you more in the near future once all materials have been submitted.

**PALO PINTO SCHOOL  
APPLICATION FOR TRANSFER**

**2025-2026**

Please only include one student per application. Thank you.

Student Name \_\_\_\_\_ Grade \_\_\_\_\_ 2024-2025

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Social Security # \_\_\_\_\_

**Parent/Guardian Information**

Name \_\_\_\_\_ Name \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_ Email \_\_\_\_\_

Employer \_\_\_\_\_ Employer \_\_\_\_\_

Phone # \_\_\_\_\_ Phone # \_\_\_\_\_

District of residence \_\_\_\_\_

Previous school(s) attended \_\_\_\_\_

\_\_\_\_\_

Reasons for requesting admittance to attend Palo Pinto Independent School District

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_  
Date

Please attach a copy of your child's most recent report card, standardized test results, and all other records required, as applicable.

**Thank you for your interest in Palo Pinto Independent School District.**

# Palo Pinto ISD

## Student Transfer Conditions

Palo Pinto ISD accepts transfers for non-resident students. Criteria for approval are below. There is no tuition fee for out-of-district students but transportation is not provided. Students who transfer into Palo Pinto ISD shall follow all rules and regulations of the District. All transfers will be reviewed on an annual basis.

Transfer applications & admissions shall be evaluated on the following criteria:

1. The transfer **application** paperwork is complete, accurate, and submitted to the school by any deadlines;
2. The student has at least a 95% **attendance rate** for the **previous** school year and the **current** school year, if applicable; late arrivals and/or late or early pickups may be grounds for denial/revocation/non-approval.
3. The student does not have a record of **disciplinary** issues, including but not limited to: discipline referrals, low conduct grades, suspensions, expulsions, alternative disciplinary education placement or hearings, alternative behavior classroom assignments, or any other record of frequent or serious misconduct.
4. School records from any previous schools attended indicate the student is a person of character, strong moral standards, integrity, and a strong work ethic. The student makes a positive contribution to the learning environment.
5. The student has had **passing grades** in all courses for each grading period and has **passed all required state mandated assessments** during the past two years. If a student was not eligible to take the state mandated assessment, this criterion shall be based on other standardized testing or assessments as appropriate;
6. The grade level of the student seeking admission and the effect of additional students at the grade level on class size and facilities;
7. Transfers may be denied if acceptance of transfer requires hiring additional staff;
8. The school must be able to provide FAPE of students considered for transfer acceptance;
9. Students & guardians of transfer students shall be **supportive** of the school, board, staff, and students and should express any concerns regarding their student with the appropriate staff member. Both aforementioned parties should be active and positive contributors of the learning environment. Any evidence of negativity towards the school, board, staff, or students that is not properly handled, including making derogatory posts on social media, will put their student at risk for a revocation of transfer.
10. Transfer students presently enrolled in Palo Pinto ISD will be considered first for available transfer positions, pending transfer criteria is met.

The Superintendent reserves the right to accept or reject any transfer request without further explanation beyond its decision in writing to the guardian, provided that such action is without regard to race, religion, color, sex, disability, national origin, or ancestral language.

The Superintendent may revoke the transfer of a student who fails to maintain acceptable levels of attendance, academic achievement, and compliance with the *Palo Pinto ISD Student Code of Conduct* and/or *Student Handbook*, or fails to meet any of the criteria listed above.

### Open and Closed Classroom Policy

The District shall approve which classrooms will be open or closed for transfers each year. If a previously open classroom becomes designated as a closed classroom for transfers, students who had a prior approved transfer and are currently attending that campus will be allowed to continue under the provision allowed.

### Transportation

Palo Pinto ISD will not provide transportation for approved inter-district transfers. Transportation will be the responsibility of the parent/guardian.

### Length of Approved Transfer/Renewals

A nonresident student wishing to transfer into the District shall file an application for transfer each school year with Palo Pinto School. Inter-district transfers shall be granted for one regular school year at a time.

### Prekindergarten/Kindergarten Transfer and Eligibility

Must be 4 years (Pre-K)/5 years (K) of age on or before September 1 of the current school year

Must be toilet trained.

Must exhibit acceptable behavior.

Must adhere to the state's mandated attendance requirements.

Must meet applicable transfer requirements noted above.

### Transfer Application Checklist

Please complete this checklist BEFORE turning in your application. This will avoid any possible delays. Without the checklist being completed, Palo Pinto ISD may be unable to process the transfer application. Falsification of information on the application for transfer or enrollment documentation will be grounds for denial/revocation/non-approval.

- Read and sign this document (*Palo Pinto ISD Student Transfer Conditions*) accepting the terms set forth herein;
- Complete **Transfer Application**;
- Complete **TEA Application for transfer**;
- Provide school with complete and verifiable copies of my child's:
  - o **attendance** for the previous and current school year (if not at Palo Pinto ISD).
  - o **discipline** record for at least the past two school years (if not at Palo Pinto ISD).
  - o copies of my child's **grades** for at least the past two school years (if not at Palo Pinto ISD).
  - o copies of my child's **assessment scores** (e.g. STAAR) for the past two school years, as applicable (if not at Palo Pinto ISD).
  - o copies of my child's **birth certificate, social security card, immunization record**

I have been informed of the transfer policy of Palo Pinto ISD. I am aware that students who do not maintain transfer requirements may have their transfer revoked. Palo Pinto ISD reserves the right to revoke a transfer for just cause. By signing, I understand & agree to the above conditions/standards and I verify that all transfer application requirements are met/complete and accurate, including each item on the checklist above.

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

\_\_\_\_\_  
Grade 2025-2026

\_\_\_\_\_  
Last School Attended

\_\_\_\_\_  
Guardian Signature

\_\_\_\_\_  
Date



**Application for Transfer**  
2025/2026

Authority for Data Collection - Texas Education Code 21.061; 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 hardship.  
The Superintendent of the receiving district must circle approved or disapproved and sign the transfer form.  
For further information, contact the division of Equal Education Opportunity at (512) 463-9671.

Student's Name	Identification #	Ethnic code	District and Campus of Residence #	District Student Attended Prior Year	Exemption Hardship Code	Student's Grade Level	Campus Assigned in Receiving District
							182906101
							182906101
							182906101
							182906101
							182906101
							182906101

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

I have been informed of the receiving district's policy concerning tuition charges, if any, for a transferred student whose grade is taught in the student's district of residence, and I accept responsibility for the payment of tuition.

Signed \_\_\_\_\_

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

City, State, Zip \_\_\_\_\_

***This section must be completed by the receiving district superintendent:***

The above transfer(s) was \_\_\_\_\_ approved \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_  
disapproved

Typed Name of Receiving District Superintendent	Date	Telephone	Signature
Wendell Barker		940-659-2745	<i>Wendell Barker</i>

One copy should be retained at both districts for audit purposes.  
DO NOT MAIL TO THE TEXAS EDUCATION AGENCY

Please see **INSTRUCTIONS** for completing on the back

## INSTRUCTIONS FOR COMPLETING

### Application for Transfer form ACC-041A

Form ACC-041A should be completed according to the column instructions listed below. For audit purposes the receiving district office should retain a copy. Transfers will be entered in STS each year. Use the Texas School Directory for county-district and campus numbers.

Column Instructions

#### **Student's Name**

Enter the student's name.

#### **Identification #**

Enter the student's social security number.

#### **Ethnic Code**

Enter the appropriate ethnic code using the following designations:

- (1) =American Indian /Alaskan Native
- (2) =Asian
- (3) =Black/African American
- (4) =Hispanic/Latino
- (5) =White
- (6) =Hawaiian/Pacific Islander

#### **District and Campus of Residence (Current Year)**

Enter the county-district number and the campus number for the student (current district of residence).

#### **County-District Number (Prior Year)**

Enter the county-district number for the student (prior school year).

#### **Exemption/Hardship Code**

Transfer students are not required to have exemption. However, if a student qualifies for any of the following exemptions/hardships, indicate by entering the corresponding letter. Enter the letter J for students who do not qualify for any of these exemptions. In the case of a violation of Court Order 5281, the district may be requested to furnish documentation of these exemptions.

- A. Student taking academic courses not offered in the district of residence.
- B. Graduating senior who has attended the receiving district for at least the two previous years.
- C. Student with two working parents, or whose sole parent works (in a single-parent home), and no childcare facility is located in the sending district. Only children less than ten years of age will be considered as needing childcare unless it can be demonstrated that a child suffers a handicap, which renders him or her incapable of self-care.
- D. Student whose health or safety is involved.
- E. Student whose parent/guardian is employed by the receiving district.
- F. Student whose home is more than 20 miles or closer to the receiving school than the school of residence.
- G. Student transferring to a regional day school for the deaf. (C.A. 5281)
- H. Special education student from districts where the special education class for which the student is qualified is unavailable and such class is available in the receiving district. Student has been properly screened according to Agency guidelines by the receiving districts. (C.A. 5281)
- I. Student residing in a district which does not offer the grade level of that student and which has a contractual transfer agreement with the receiving district. (TEC 21.082)
- J. Student does not qualify for any of the preceding exemptions/hardships.

#### **Grade**

Enter the grade to which the student will be assigned for the regular academic programs.

#### **Campus Number (Receiving District)**

Enter the campus number to which the student will be assigned in the receiving district during the next school year.

ACC-041A