



District Transfer Waiver 2023 -2024

Home Campus: _____

Requested Campus: _____

Student Name: _____

Grade Level for 2023 -2024: _____

This transfer agreement establishes the terms and conditions for (student) _____ to attend _____ as a transfer student for the 2023 - 2024 school year.

This transfer was approved on a conditional basis and may be revoked immediately for the following reasons:

- ❖ More than three (3) unexcused absences in the first 9 weeks; or
- ❖ Student Code of Conduct violations; or
- ❖ Any discipline referrals

By signing this document, I acknowledge that District policy does not require Pflugerville ISD to grant this transfer. I further acknowledge and agree that in the event that this transfer is revoked due to a failure to uphold the requirements of the transfer agreement, I agree to not appeal or otherwise contest any such removal. I understand that any such revocation would not prohibit me from reapplying for a transfer in subsequent school years.

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/she resided in the district.

The parent/guardian agrees that this District Transfer Waiver and the District Transfer Agreement together control the enrollment of the student into the requested PfISD campus for the 2023 - 2024 school year, without previously having to attend the home campus for nine-weeks.

PLEASE PRINT

Street Address

City

State

Zip

Email Address

Phone Number

SIGNATURE of Student (grades 9-12 only)

***SIGNATURE of Parent/Guardian**

***SIGNATURE of Campus Administrator**