

# Channelview Independent School District

County District Number: 101-905

## Application for Transfer for a Non-Resident Student

2016 - 2017

Please fill out a separate form for each student. Grades 9<sup>th</sup> – 12<sup>th</sup>, please attach the student's most current transcript and STAAR testing results. Grades 3<sup>rd</sup> – 8<sup>th</sup>, please attach the student's most recent report card and STAAR testing results. Grades K – 2<sup>nd</sup>, please attach the student's most recent report card. We will need an attendance and discipline report for all students requesting open enrollment.

**Transportation is NOT provided for the transfer of a non-resident student.**

If you have any questions or need further assistance in completing this form, please call (281) 452-8010.

Name of CISD Campus Student Attends: \_\_\_\_\_

Name of CISD Campus Requested: \_\_\_\_\_

School year transfer is being requested for: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Gender: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Student was in CISD last school year:  Yes  No

Student's current year grade level: \_\_\_\_\_

Student's grade level for the school year the transfer is being requested for: \_\_\_\_\_

Student's Ethnicity (required by TEA):  1. Native American  2. Asian or Pacific Islander

3. African American  4. Hispanic  5. White

Name of school district in which you reside: \_\_\_\_\_

Name of school student would attend at their present address: \_\_\_\_\_

Reason for transfer request: \_\_\_\_\_

\_\_\_\_\_

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

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

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

Phone #'s: Home/Cell: \_\_\_\_\_ Work (Father) \_\_\_\_\_ Work (Mother) \_\_\_\_\_

**Please check the appropriate statements:**

- My child was enrolled, attended or was assigned to a disciplinary alternative education program (DAEP) during the most recent school year and/or the previous school year.

If you have checked the box above, please describe the behavior which resulted in assignment to a DAEP.

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- My child received the following services at his/her most recent school and/or the previous school year (check all that apply):

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Gifted/Talented Program                         | <input type="checkbox"/> Special Education (please check all that apply) |   |
| <input type="checkbox"/> Title 1 Instruction                             | <input type="checkbox"/> Speech Therapy                                  | <input type="checkbox"/> Self-Contained Classroom |
| <input type="checkbox"/> Counseling                                      | <input type="checkbox"/> Resource Room                                   | <input type="checkbox"/> Physical Therapy         |
| <input type="checkbox"/> Section 504 Accommodations                      | <input type="checkbox"/> Content Mastery                                 | <input type="checkbox"/> Occupational Therapy     |
| <input type="checkbox"/> Dyslexia Program                                | <input type="checkbox"/> Co-Teaching                                     |   |
| <input type="checkbox"/> Bilingual or English as a Second Language (ESL) | <input type="checkbox"/> Support from a special education aide           |   |
| <input type="checkbox"/> Pre-Kindergarten                                | <input type="checkbox"/> Inclusion or General Education                  |   |
|  | <input type="checkbox"/> Other: _____                                    |   |

- My child has been referred for special education evaluation that has not been completed.

- My child has been referred for a Section 504 evaluation that has not been completed.

- My child received none of the services described above.

If you checked any of the services above, please complete the following and provide school records describing the nature of the services received in the most recent school year and in the previous school year:

Current School or District: \_\_\_\_\_

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

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

Person to Contact: \_\_\_\_\_

**If your child has received special education services, attach a copy of the most recent ARD document.**

# Channelview Independent School District

## Excerpts from CHS Policy FDA (Local)

Non-residents may apply to enroll their children in District schools with no tuition charge, according to the following stipulations:

1. Annually, the Superintendent may designate an open enrollment period that may be extended or re-opened.
2. If an out of District student is accepted for enrollment, the District shall then assign the student to the school of the individual's choice based on available space and staff capacity.
3. In the event of a possible lack of available program space and staff capacity at the campus preferred by the individual, the District may assign the student to a campus with available space and staff capacity.
4. Out of District students who attend District schools must reapply for enrollment each year.

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 any out of District students accepted for enrollment.**

#### **Revocation**

The Superintendent has the authority to revoke interdistrict transfers as provided in the transfer agreement. Students who transfer into the District shall follow all rules and regulations of the District, including, but not limited to, District 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, if approved, the transfer request is granted conditionally on student behavior. The transfer can be revoked at any time including, but not limited to, during the school year, if my student engages in serious or persistent misbehavior that violates the District's Student Code of Conduct.

\_\_\_\_\_ I understand that, if approved, this transfer request is granted conditionally on student attendance, including tardies. The transfer can be revoked at any time including, but not limited to, during the school year, if my student is truant, excessively absent and/or excessively tardy to class.

\_\_\_\_\_ I understand that falsification of information is a Class A Misdemeanor and can lead to legal action.

\_\_\_\_\_ I have received a copy of the policy concerning student transfers and the UIL eligibility requirements for athletic competition.

Upon receipt of approval to enroll, it is the parent/guardian's responsibility to contact the school assigned to receive enrollment information within ten (10) days of the date notification is mailed as noted below.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

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**For District Use Only**

\_\_\_\_\_  
Superintendent Signature                      Date                       Approved                       Disapproved

\_\_\_\_\_  
Principal Signature                      Date                       Approved                       Disapproved

School Assigned: \_\_\_\_\_

This transfer is effective for the \_\_\_\_\_ school year.

Date Notification Mailed: \_\_\_\_\_