

Limited Open Enrollment Program

Nonresident students wishing to enroll in East Chambers ISD should apply through the Limited Open Enrollment Program. The program requires the payment of tuition. To apply for enrollment in this program, please do the following:

1. Read district policy FDA (Local), which is the policy for this program. Also, review the tuition rates.
2. Complete all parts of the Transfer Application/Agreement
3. Once you collect all the required information* and your application is complete, you can submit it in person or by mail to Christy Ridgaway at the ECISD Administration Building, 1955 State Hwy 124, Winnie, TX 77665.
4. **Only completed applications will be considered.** You will be contacted if additional information is needed or when a decision has been made.
5. If the student is accepted for enrollment, tuition must be paid either in full before the student can enroll or in accordance with the District's payment plan. If you feel you qualify for one of the tuition waivers listed in the policy, complete the Tuition Waiver Application. Once completed, this application can also be submitted to Christy Ridgaway at the Administration Building.

*Copy of most recent report card with attendance; discipline records; and a copy of the most recent state assessment or achievement, aptitude, or readiness test results.

Authority	<p>The Superintendent is authorized to accept or reject any transfer requests, provided that such action is without regard to race, religion, color, sex, disability, national origin, or ancestral language.</p> <p>A resident student who becomes a nonresident during the course of a semester shall be permitted to continue in attendance for the remainder of the semester.</p>
Transfer Requests	<p>A nonresident student wishing to transfer into the District shall file an application for transfer each school year with the Superintendent or designee. Transfers shall be granted for one regular school year at a time.</p>
Factors	<p>In approving transfers, the Superintendent or designee shall consider availability of space and instructional staff and the student's disciplinary history and attendance records.</p>
Transfer Agreements	<p>A transfer student shall be notified in the written transfer agreement that he or she must follow all rules and regulations of the District. Violation of the terms of the agreement may result in a transfer request not being approved the following year.</p>
Tuition	<p>If the District charges tuition, the amount shall be set by the Board, within statutory limits.</p>
Waivers	<p>The Board may waive tuition for a student based on financial hardship upon written application by the student, parent, or guardian. [See FP]</p>
Nonpayment	<p>The District may initiate withdrawal of students whose tuition payments are delinquent.</p>
Appeals	<p>Any appeals shall be made in accordance with FNG(LOCAL) and GF(LOCAL), as appropriate.</p>

**East Chambers ISD
Nonresident Student
Tuition Rates
2018-2019**

All tuition must be paid in accordance with the provisions in Policy FDA (Local).

Tuition is non-refundable, no matter whether leaving the district is at the student's or parent's choice or whether the student's transfer is revoked.

ECISD Tuition Rates for students who reside in Texas

Tuition	180 Days (Full year)
Nonresident students who reside In Texas (per family)	\$100 Registration Fee
Nonresident students who qualify for Free/Reduced Meals (per family)	Waived
Nonresident students who are Children of District employees (per family)	Waived

EAST CHAMBERS ISD

Transfer Application for Nonresident Students

The completion of this application is a request for transfer only. East Chambers ISD will determine whether the transfer is granted; the request is not granted until the Superintendent's signature appears on the Non-Resident Student Transfer Agreement.

NOTICE: A person making a false statement in this document or any other document for the purpose of school enrollment commits a criminal offense under §37.10 of the Texas Penal Code and is subject to imprisonment or fine. Further, a person enrolling a child under false documents violates §25.001 of the Texas Education Code and is subject to liability for tuition or costs under Texas Law.

Student's Name _____ Today's Date _____
Last First Middle

Student DOB _____ School Year _____ Grade Level _____
mm/dd/yyyy (School year & grade level for which application is being made)

Student Social Security Number: _____ ECISD Campus Preference: _____

Parent/Guardian Names (Father) _____ (Mother) _____

Address where Father resides _____
Street City State Zip

Address where Mother resides _____
Street City State Zip

Address where Student resides _____
Street City State Zip

Email Address _____

Telephone number(s)/contact information where Parent/Guardian can be reached if there are questions concerning this agreement _____

PRIOR SCHOOL DISTRICT INFORMATION: Enter the county-district number and campus name and number where the student currently resides and should attend. For your convenience, listed below are county-district numbers for some local school districts. If your district is not listed, you will need to contact that district for their county-district number. You will also need to contact the other district for the campus number.

County-District #	District	County-District #	District
123-910	Beaumont ISD	100-905	Hardin-Jefferson ISD
146-903	Devers ISD	100-903	Kountze ISD
123-914	Hamshire-Fannett ISD	084-903	High Island ISD

Student's Name	Current School District Where the Student Resides (School student should attend)			School District Student Most Recently Attended		
	County-District Number	Campus Number	Last Grade Attended	County-District Number	Campus Number	Last Grade Attended

GENERAL INFORMATION: Please circle the appropriate response on each item below.

Is Student a child of a full-time employee or ECISD retiree with Ten school years of services to the District? YES NO

Was Student enrolled in ECISD in the preceding year as a Transfer student or a resident student? YES NO

Is Student a sibling of a previously approved transfer student? If yes, what is sibling's name _____ campus _____ YES NO

ATTENDANCE INFORMATION: Has the student experienced any of the following:

More than 5 absences in the current or preceding school year. YES NO

More than 5 tardies in the current or preceding school year YES NO

Number of absences for the current school year _____

Number of absences for the preceding school year _____

If the student missed more than 10% of the days in the current or prior school year, please provide an explanation _____

DISCIPLINE INFORMATION:

Has the student ever been suspended out of school, placed in DAEP, Expelled, or placed in JJAEP? If yes, explain: _____

Is the student currently on probation or other conditional release for a conviction of a criminal offense? If yes, explain: _____

Is the student on probation or other conditional release for delinquent conduct or conduct in need of supervision? If yes, explain _____

TUITION: I understand that, if approved, I am responsible for paying tuition in full in the amount listed on the attached Tuition Schedule to be enrolled. I further understand that tuition is non-refundable no matter whether leaving the District is at Student's or my choice or whether Student's transfer is revoked. I have read the waivers section of policy FDA(Local) which outlines circumstances where part or all tuition may be waived and understand that to claim a waiver, I must submit a separate Waiver Application at the same time as this Transfer Application. Waiver requests will not be considered once tuition has been paid.

Do you intend to submit a Waiver Application? YES NO

Parent/Guardian must initial *each* of the following:

_____ I have received and read ECISD policy FDA(Local) entitled Admission, Interdistrict Transfers. I have been given opportunity to ask questions of any parts of the policy that I may not have initially understood.

_____ I understand that attendance at East Chambers ISD as a transfer student is a privilege, and as such, my Student and I agree to abide by all aspects of the FDA(Local) policy and the Non-Resident Student Transfer Agreement.

_____ I understand that in determining whether Student will be permitted to enroll in District schools, the Superintendent will consider the Student's disciplinary record, attendance record, academic record, assessment record, and class size and space availability as outlined in policy FDA(Local).

_____ I understand that, if approved, the transfer is for a period of one school year only and subject to revocation during the school year as outlined in the Non-Resident Student Transfer Agreement. I understand that my Student must reapply for subsequent years.

_____ I understand that being approved for transfer in one school year creates no right or expectation that Student will be admitted as a transfer student in subsequent years. I further understand that admission of one student in a family creates no right or expectation that another student from the same family will be admitted as a transfer.

Signature of Parent/Guardian

Date

For District Use Only

Space available at the required grade level on preferred campus? YES NO (reviewed by _____)

Disciplinary record acceptable? YES NO (reviewed by _____)

Attendance record acceptable? YES NO (reviewed by _____)

Academic record acceptable? YES NO (reviewed by _____)

Assessment record acceptable? YES NO (reviewed by _____)

Student is _____ not approved for admission as a transfer student

_____ approved for admission at _____ (campus) on date when tuition is paid

Superintendent's Signature

Date

Tuition Payment. Total amount due \$ _____

**East Chambers ISD
Nonresident Student
Tuition Waiver Application**

Student's Name _____

Parent/Guardian (Father) _____ (Mother) _____

Please check one:

_____ Parent(s)/Guardian(s) of Student have a legal contract to purchase or build a residence within ECISD. Attach a copy of the contract to this application. Make sure the address of the residence is on the contract. Tuition *may be waived for six months.*

_____ Student is in high school and Parent(s)/Guardian(s) of Student have lived within ECISD for at least six months but are moving from the District. *Tuition may be waived for remainder of semester in which move occurred.*

Parent(s)/Guardian(s) new address _____

_____ Student is a senior in high school in good standing and Parent(s) of Student have moved from the District during the first semester. *Tuition may be waived for the remainder of the school year.*

Parent(s)/Guardian(s) new address _____

_____ Other. Please Explain. _____

Signature of Parent/Guardian Date

For District Use Only

Tuition is waived for (check one) _____ 6 months
_____ Remainder of semester
_____ School year

Superintendent's Signature Date