

# 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 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 Rates  
2017-2018**

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)	\$1,000 \$500 2 <sup>nd</sup> child \$250 3 <sup>rd</sup> child \$125 each addl child
Nonresident students who qualify for Free/Reduced Meals (per family)	Waived
Nonresident students who are Children of District employees (per family)	Waived

ECISD Tuition Rates for students who do not reside in Texas

Tuition	180 Days (Full year)
Nonresident students who do not reside in Texas (per student)	\$4,000

**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 \_\_\_\_\_

\_\_\_\_\_  
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

## 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. If the student has been in multiple school districts in the current and prior school year, print multiple copies of the page titled "East Chambers ISD Transfer Verification from Current District." Follow the directions on that page.
4. Once you collect all the required information\* and your application is complete, you can submit it in person or by mail to Brenda East at the ECISD Administration Building, 1955 State Hwy 124, Winnie, TX 77665.
5. **Only completed applications will be considered.** You will be contacted if additional information is needed or when a decision has been made.
6. 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 three tuition waivers listed in the policy, complete the Tuition Waiver Application. Once completed, this application can also be submitted to Ashley Ortego at the Administration Building.

\*Completed Verification form filled out by the student's current administrator; copy of most recent report card; and a copy of the most recent state assessment or achievement, aptitude, or readiness test results.

## East Chambers ISD Transfer Application Verification from Current District

**Directions to Parent/Guardian:** Complete the student's name, district, and campus information below and take this form to the campus where your child is currently enrolled and ask them to the remainder of the form. If your child was in multiple school districts or on multiple campuses in the current and prior school years, you may make copies of this page as needed. Include this completed verification form when submitting the application.

**Directions to District:** The student listed below is applying for enrollment in East Chambers ISD. Please provide the following information to the student or parent for inclusion with their application. Please provide the information for the most recent *full* school year and the current year if application is being made during the year. At least one full school year must be included.

Student's Name \_\_\_\_\_ Student Social Security Number: \_\_\_\_\_

School District Verifying Information \_\_\_\_\_ Campus Providing Information \_\_\_\_\_

### DISCIPLINE INFORMATION:

Was the student suspended out of school, placed in DAEP, expelled, or placed in JJAEP for one or more days in the *current* school year? Yes  
No

Was the student suspended out of school, placed in DAEP, expelled, or placed in JJAEP for one or more days in the *preceding* school year? Yes  
No

To your knowledge, is the student currently on probation or other conditional release for conviction of a criminal offense? Yes  
No

To your knowledge, is the student on probation or other conditional release for delinquent conduct or conduct in need of supervision? Yes  
No

To your knowledge, did the student have any disciplinary referrals in the time period described in the directions above? Yes  
No

I certify that the discipline-information above is true and correct to the best of my knowledge.

\_\_\_\_\_  
Signature of Administrator

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

### ATTENDANCE INFORMATION: Please complete table below.

	Prior School Year (Specify Year)	Current School Year (Specify Year)
Number of Days the Student was Enrolled	_____	_____
Number of Days the Student was Absent	_____	_____

\_\_\_\_\_  
Signature of Administrator

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**STUDENT'S ACADEMIC RECORD OR TRANSCRIPT:** Please provide a copy of the student's current academic record (such as a report card), as well as copy of the most recent state assessment or achievement, aptitude, or readiness test results.