

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

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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 nd child \$250 3 rd 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 complete 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.