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.

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.

*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

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.

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.

Transfer Requests

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.

Factors

In approving transfers, the Superintendent or designee shall consider availability of space and instructional staff and the student’s disciplinary history and attendance records.

Transfer Agreements

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.

Tuition

If the District charges tuition, the amount shall be set by the Board, within statutory limits.

Waivers

The Board may waive tuition for a student based on financial hardship upon written application by the student, parent, or guardian. [See FP]

Nonpayment

The District may initiate withdrawal of students whose tuition payments are delinquent.

Appeals

Any appeals shall be made in accordance with FNG(LOCAL) and GF(LOCAL), as appropriate.
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.

<table>
<thead>
<tr>
<th>County-District #</th>
<th>District</th>
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<th>District</th>
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</thead>
<tbody>
<tr>
<td>123-910</td>
<td>Beaumont ISD</td>
<td>100-905</td>
<td>Hardin-Jefferson ISD</td>
</tr>
<tr>
<td>146-903</td>
<td>Devers ISD</td>
<td>100-903</td>
<td>Kountze ISD</td>
</tr>
<tr>
<td>123-914</td>
<td>Hamshire-Fannett ISD</td>
<td>084-903</td>
<td>High Island ISD</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>County-District Number</th>
<th>Current School District Where the Student Resides (School student should attend)</th>
<th>Campus Number</th>
<th>Last Grade Attended</th>
<th>County-District Number</th>
<th>School District Student Most Recently Attended</th>
<th>Campus Number</th>
<th>Last Grade Attended</th>
</tr>
</thead>
</table>
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 service 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: _________________  YES  NO

Is the student currently on probation or other conditional release for a conviction of a criminal offense? If yes, explain: _________________  YES  NO

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

<table>
<thead>
<tr>
<th>Requirement</th>
<th>YES</th>
<th>NO</th>
<th>Reviewed by</th>
</tr>
</thead>
<tbody>
<tr>
<td>Space available at the required grade level on preferred campus?</td>
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<tr>
<td>Disciplinary record acceptable?</td>
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<td>Attendance record acceptable?</td>
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<td>Assessment record acceptable?</td>
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</table>

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