

## 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.

<b>Authority</b>	<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>
<b>Transfer Requests</b>	<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>
<b>Tuition</b>	<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>
<b>Appeals</b>	<p>Any appeals shall be made in accordance with FNG(LOCAL) and GF(LOCAL), as appropriate.</p>

**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

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

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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***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