

DEER PARK INDEPENDENT SCHOOL DISTRICT
County-District Number 101-908
Application for Transfer for a Non Resident Student

Please fill out a separate form for each student. For more information or assistance in completing this form, please call 832-668-7070.

Name of DPISD campus student attends: _____

Name of DPISD campus requested: _____

School year transfer is being requested for: _____

Student's Name: _____ Gender: _____

Social Security Number: _____ Date of Birth: _____

Student was on transfer to DPISD last school year: Yes No

Student's current year grade level: _____

Student's grade level for the school year the transfer is being requested for: _____

Student's Ethnicity (data required by TEA): 1. Native American 2. Asian or Pacific Islander
 3. African American 4. Hispanic 5. White

Name of school district in which you reside: _____

Name of school student would attend at their present address: _____

Reason for transfer request: _____

Printed parent/guardian name: _____

Street address: _____

City, State, Zip Code: _____

Phone #'s: Home _____ Work (Father) _____ Work (Mother) _____

Are there any siblings of this student **not currently enrolled** in DPISD that you will seek to enroll in the District the next school year?

Yes No

If yes, sibling's name: _____

Sibling's date of birth: _____

School and grade level sibling currently attends: _____

Please check the appropriate statements:

- My child was enrolled or attended a disciplinary alternative education program (DAEP) during the most recent school year and/or the previous school year.

If you have checked the above box, please describe the behavior which resulted in assignment to a DAEP.

- My child was previously enrolled in the Limited Open Enrollment program and had their transfer revoked.
- My child was previously enrolled in the Limited Open Enrollment program and withdrew from the program.

- My child received the following services at his/her most recent school and/or the previous school year:

- | | | |
|--|--|---|
| <input type="checkbox"/> Gifted/Talented Program | <input type="checkbox"/> Pre-Kindergarten | |
| <input type="checkbox"/> Chapter I Instruction | <input type="checkbox"/> Special Education (<i>please check all that apply</i>) | |
| <input type="checkbox"/> Counseling | <input type="checkbox"/> Speech Therapy | <input type="checkbox"/> Resource Room |
| <input type="checkbox"/> Section 504 Placement | <input type="checkbox"/> Inclusion or Regular Education | <input type="checkbox"/> Self-Contained Classroom |
| <input type="checkbox"/> Dyslexia Program | <input type="checkbox"/> Content Mastery | <input type="checkbox"/> Occupational Therapy |
| <input type="checkbox"/> Bilingual or English as a Second Language | <input type="checkbox"/> Physical Therapy | <input type="checkbox"/> Other: _____ |

My child has been referred for a special education evaluation that has not been completed.

My child has been referred for a Section 504 evaluation that has not been completed.

- My child received none of the services described above.

If you checked any of the services above, please complete the following and provide school records describing the nature of the services received in the most recent school year and in the previous school year:

Current School or District: _____

Address: _____

City, State, Zip Code: _____

Person to Contact: _____

DPISD OUT OF DISTRICT TRANSFER AGREEMENT

Excerpts from DPISD Policy FDA (Local)

Non residents may apply to enroll their children in District schools with no tuition charge, according to the following stipulations:

1. Annually, the Superintendent may designate an open enrollment period that may be extended or re-opened.
2. If an out of District student is accepted for enrollment, the District shall then assign the student to the school of the individual's choice based on available space and staff capacity.
3. In the event of a possible lack of available program space and staff capacity at the campus preferred by the individual, the District may assign the student to a campus with available space and staff capacity.
4. Out of District students who attend District schools must reapply for enrollment each year.

A transfer shall not be approved that would limit the educational opportunities of resident students.

The Superintendent has the authority to accept or reject any transfer request, provided that such action is without regard to race, religion, color, sex, disability, or national origin.

Transportation shall not be provided for any out of District students accepted for enrollment.

REVOCACTION

The Superintendent has the authority to revoke interdistrict transfers as provided in the transfer agreement. Students who transfer into the District shall follow all rules and regulations of the District, including, but not limited to, District policies and regulations, the Student Code of Conduct, and attendance requirements. Failure to fulfill any of these responsibilities may result in the immediate revocation of the transfer agreement.

Please initial the following:

I understand that, if approved, the transfer request is granted conditionally on student behavior. The transfer can be revoked at any time including, but not limited to, during the school year, if my student engages in serious or persistent misbehavior that violates the District's Student Code of Conduct.

I understand that, if approved, this transfer request is granted conditionally on student attendance, including tardies. The transfer can be revoked at any time including, but not limited to, during the school year, if my student is truant, excessively absent and/or excessively tardy to class.

I understand that, if approved, this transfer request is granted conditionally on the district remaining in compliance with Civil Action 5281. The transfer can be revoked at anytime including, but not limited to, non-compliance with this court order. *CA5281 states "the defendants shall not approve transfers where the effect of such transfers will change the majority or minority percentage of the school population, based on average daily attendance in such districts, by more than one percent in either the home or the receiving district..."*

I understand that falsification of information is a Class A Misdemeanor and can lead to legal action.

I have received a copy of the policy concerning student transfers and the UIL eligibility requirements for athletic competition.

Upon receipt of approval to enroll, it is the parent/guardian's responsibility to contact the school assigned to receive enrollment information within 10 days of the date notification is mailed as noted below.

Parent/Guardian Signature

Date

For District Use Only

Superintendent (designee) Signature

Date

APPROVED

DISAPPROVED

Principal Signature

Date

APPROVED

DISAPPROVED

Information Services Representative

Date

CIVIL ACTION 5281 COMPLIANT

School Assigned: _____

This transfer is effective for the _____ school year.

Date Notification Mailed: _____