

Authority for data collection: Texas Education Agency Code 21.061; Civil Action 5281, Section A. Planned use of data: To complete the report required by Federal Court Order Civil Action 5281. Instructions: This form must be used by all student transfers, within the State of Texas. The Superintendent of the receiving school district must check approved or disapproved and sign the transfer form. For further information, contact the division of Equal Education Opportunity at 512-463-9671.

**Ector Independent School District**  
**County District Number 074-905**  
**Application for Transfer of a Non-Resident Student**



**Student's Name:** *(Last, First, Middle):* \_\_\_\_\_ **Student's DOB:** \_\_\_\_\_

**Gender:**  M  F **Social Security #:** \_\_\_\_\_

**Student's Current Grade Level:** \_\_\_\_\_ **Grade Level for Upcoming year:** \_\_\_\_\_

**During the current/previous school year my child:** *(check all that apply)*

- Had 95% Attendance or Higher
- Passed all Classes Passed all Portions of the Texas State-Mandated Assessment
- Only received minor discipline referrals
- Was not placed in a DAEP/JAEP or suspended or expelled

*\*Must Attach Following Documentation: Attendance Records, Report Card, Discipline Records, Special Program Documentation, State Testing Results\**

**Name of School Student Currently Attends:** \_\_\_\_\_

**Reason for Transfer Request:** \_\_\_\_\_  
\_\_\_\_\_

**Print Parent or Guardian Name:** \_\_\_\_\_

**Physical Home Address:** \_\_\_\_\_

Street Number/Name City Zip Code

**Mailing Address** (if different): \_\_\_\_\_

Street Number/ Name City Zip Code

**Father Phone #:** \_\_\_\_\_ **Mother Phone #** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Please check the appropriate statements and programs.**

My child received the following services at the previous school. (Check all that apply)

- Bilingual or English as a Second Language
- Special Education
- Gifted and Talented
- Section 504
- Physical Therapy
- Other:

*Page 1 - PLEASE COMPLETE BACK OF FORM*

**Nonresidents may be considered for enrollment in Ector ISD schools provided that the following stipulations are met.**

1. Annually, the Superintendent may designate an open enrollment period that may be extended or reopened.
2. Application for enrollment is subject to approval based on established administrative rules and guidelines.
3. Ector ISD shall then assign the student to the school requested based on program availability. *Program availability shall be defined as the ability to accommodate additional students without adversely affecting staffing, class size, instructional delivery, facility space, support services, the overall budget, and the best interests of the District. A transfer shall not be approved that would limit the educational opportunities of resident students.*

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

**Please initial by all statements signifying your understanding.**

\_\_\_\_\_ I understand that this request does not guarantee admission to Ector ISD for subsequent years. I also understand all transfer students, including returning transfer students, must complete an application annually by the date specified by the district to be considered eligible for admission.

\_\_\_\_\_ It is the responsibility of the parent to obtain the application as the district may not automatically distribute these documents directly to applicants.

\_\_\_\_\_ I understand that transportation to and from the requested school is my responsibility.

\_\_\_\_\_ I understand that falsification of information is a Class A Misdemeanor and can lead to legal action, revocation of transfer, and fees in excess of \$5,000 charged.

\_\_\_\_\_ I understand that it is the parent's responsibility to verify UIL eligibility requirements for academic, music, and athletic competition.

\_\_\_\_\_ I understand that I have online access to the Board policy, FAA (LEGAL) & FDA (LOCAL), and administrative procedures regarding student transfers. I also acknowledge that I have reviewed said policies.

\_\_\_\_\_ I understand that if my transfer is accepted, I understand that I still need to complete the registration process.

\_\_\_\_\_ I understand that a transfer may be denied and/or revoked by Ector ISD for, but not limited to, the following reasons as determined by Ector ISD and in accordance with Board Policy FDA (LEGAL) and FDA (LOCAL), Code of Conduct, and the Student Handbook:

1. **Disciplinary reasons (in school - or outside school).**
2. **Excessive tardiness or absences.**
3. **Falsification of enrollment information.**
4. **Failure to provide timely transportation after school.**
5. **Poor academic performance, including grades and results of state-mandated assessments**

I certify that I am the parent/guardian of the child listed above and that all information is correct to the best of my knowledge. I understand that, if approved, the transfer is for a period of one year only and subject to revocation during the school year. 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 from the same family will be admitted as a transfer.

**Signature of Parent/Legal Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Mail or return completed form and all required documents to:** Ector ISD, 301 S. Main St., Ector, TX 75439

\_\_\_\_\_  
**Signature of Superintendent or Superintendent Designee** \_\_\_\_\_ **Date** \_\_\_\_\_

**Approved** \_\_\_\_\_ **Denied** \_\_\_\_\_ **Date** \_\_\_\_\_