



FRENSHIP INDEPENDENT SCHOOL DISTRICT
APPLICATION FOR OUT OF DISTRICT TRANSFER

KINDERGARTEN – 12TH GRADE

Transfer request from another district to Frenship ISD

2016-2017

Incomplete applications will not be accepted.

Transfer approvals to other campuses will be based on availability as it relates to staffing and projected enrollment. Approval for convenience is not a reason that will be considered.

Attached is the Frenship ISD Out of District Transfer application. Please complete this form and return it to the Department of Student Services.

Students must meet the following criteria to be considered for transfer approval:

- (1) Have good prior attendance.
- (2) Have an 80 average in all subjects and have made acceptable academic progress.
- (3) Have an excellent conduct history.
- (4) Passed previous years STAAR/EOC testing in all areas.

Students must continue to meet this criteria if the transfer is approved to remain an Out of District transfer student in Frenship ISD. The campus principal will notify the Department of Student Services at the Administration Office if concerns arise and the transfer will be reviewed for revocation. If a transfer is revoked the student's parent or guardian will be notified to withdraw the student and return to their home campus.

All out of district transfer applications will be considered on an individual basis. The guidelines below will be used to determine transfer approval and are in place to ensure consistency in our process.

- ❖ For first-time request, applicant must provide documentation of grades, test scores, attendance records, discipline records and other requested records from previous school.
- ❖ Due to the rapid growth in the FISD, the Director of Student Services will generally deny requests for student transfers to campuses projected at 90% of capacity or greater as of August 15th. Portable building space will not be included in calculations of percentage of capacity.
- ❖ Requests for in-district transfers during the semester will generally be denied based on potential disruption of the educational program at both the assigned and requested campuses.
- ❖ Sibling Transfers - Sibling status **will not guarantee** transfer approval. Requests to transfer to attend a school outside their attendance area with their sibling will be evaluated as all other requests and will not be given preference. Siblings must meet criteria for transfer eligibility.
- ❖ Once the school year has begun, new out of district transfers will only be considered during the first two (2) weeks of each semester.
- ❖ **Frenship ISD reserves the right to limit or restrict transfers to any campus.**

Contact the FISD Department of Student Services at 866-9541 for questions. Contact Shana Angell for questions related to the application. The application will be reviewed by Richard Dean, Director of Student Services.

FRENSHIP ISD
Application for Out of District Transfer
(Living Outside of the Frenship District)
2016-2017

A form must be completed for each child. All information must be complete.

School to which transfer is requested: _____

Name of Student: _____

Date of Birth: _____ Social Security Number: _____

Name of Parent: _____

Physical Street Address: _____ Zip: _____

Mailing Address (if different): _____

Primary Phone: _____ Secondary Phone: _____

Grade level for 2016-17: _____ School currently enrolled: _____

Programs child qualifies for: G/T ___ Dyslexia ___ Speech ___ SPED ___ ESL ___

Number of year's child has attended this school: _____

Which **district & campus** is the child's **HOME** located within? _____

What district/campus child attended in 2015-2016: _____

***Reason(s) for transfer request, please answer completely:**

Sibling Name _____ Age _____ Campus currently attending _____

Sibling Name _____ Age _____ Campus currently attending _____

Sibling Name _____ Age _____ Campus currently attending _____

For Office Use Only

Approved

Denied

Signature of District Administrator _____ Date _____

Parent Contacted ___ Yes ___ No Date _____ By _____

1. Has student passed all sections of EOC/STAAR on most recent testing date(s): Yes ___ No___ N/A ___
2. Has student attended regularly in previous district(s) : Yes ___ No ___
If no, please explain: _____

3. Is student in current good academic standing in previous district: Yes ___ No ___
4. Has student been assigned to a Disciplinary Alternative Education Program (DAEP) or In-school Suspension within the past three years? Yes ___ No ___ If "Yes," please explain: _____

5. How many times has student changed schools within the past three years: _____
6. Activities student participates in outside of school: _____

7. Student's favorite thing about school: _____

8. Is parent willing to allow the student to be placed at the FISD campus where space is available: Yes ___ No ___
If "No" please explain: _____

9. I understand that this agreement is only valid through the end of the **2016-2017** school year. _____ (please initial)

The transfer application will be considered on an individual basis.

The guidelines included with this application are in place to ensure consistency in our process.

No district transportation will be provided for out of district transfer students. In applying for an out of district transfer, parents/guardians assume the responsibility for transporting their children to and from school. Students are expected to be at school and be picked up after school on time.

PLEASE NOTE: For approval of transfer into Frenship ISD, the following documentation must be provided.

No transfer decision will be made for new applicants without all of these documents:

- _____ Copy of the most current **STAAR / EOC scores**
- _____ Copy of current **report card with attendance**
- _____ Copy of **discipline records**
- _____ Copy of the most **current transcript** (High School Only)
- _____ Copy of **Birth Certificate**
- _____ Copy of **Shot Records**
- _____ Copy of **Social Security Card**

Parent/Guardian, please fill out this information:

School Attended Each Year:

- K _____
- 1st _____
- 2nd _____
- 3rd _____
- 4th _____
- 5th _____
- 6th _____
- 7th _____
- 8th _____
- 9th _____
- 10th _____
- 11th _____

There is a high expectation for acceptance as an Out of District Transfer.
The following guidelines must be met when the decision for acceptance or denial is considered.

(PLEASE INITIAL SPACES BELOW TO VERIFY EXPECTATION UNDERSTOOD)

- ___ (1) Students must maintain an 80 average or above in each subject.
Kindergarten students must be performing above the level needed for remedial assistance.
- ___ (2) Students must have passed the most recent STAAR/EOC test taken in all areas.
- ___ (3) No more than three (3) unexcused absences.
- ___ (4) No more than three (3) late arrivals or early pickups are permitted.
- ___ (5) Student must have an excellent conduct history and have no behavior concerns or pending discipline.
- ___ (6) Parents/Guardians must be supportive of school decisions.

All transfer approvals are conditional. I understand that if the student identified herein shows a lack of academic progress, creates behavioral or attendance problems, or tardiness may be immediately revoked by school officials and/or the transfer request may not be approved for the subsequent year. _____ (please initial)

(TEC) 25.001 (h-i) and 37.10 (penal Code) Any parent who knowingly falsifies information on a form required for enrollment is liable to the district if the student is not eligible but is enrolled on the basis of false information. The parent/guardian is liable for the period the student is enrolled for the greater of: (1) the maximum tuition fee the district may charge, or (2) the amount the district has budgeted per student as maintenance and operating expense.

Presenting false information on an out of district transfer application or failing to update information in a timely manner shall be considered sufficient grounds for revoking any out of district transfer request.

As parent of guardian of (child name): _____

I have read the information contained in this document and understand that my request for an out of district transfer is based on the criteria listed on these pages.

Parent or Guardian Name (Printed)

Parent or Guardian Signature

Date