

# LA PORTE INDEPENDENT SCHOOL DISTRICT

County-District Number 101-916

## 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 281-604-7030.

**Name of LPISD campus student attends: (if applicable)** \_\_\_\_\_

**Name of LPISD campus requested:** \_\_\_\_\_

**School year transfer is being requested for:** \_\_\_\_\_

Student's Name: \_\_\_\_\_ Gender: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Student's current year grade level: \_\_\_\_\_

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

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 his/her present address:** \_\_\_\_\_

Reason for transfer request: \_\_\_\_\_

Printed parent/guardian name: \_\_\_\_\_

Street address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Phone #'s: Home \_\_\_\_\_ Work (Father) \_\_\_\_\_ Work (Mother) \_\_\_\_\_

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Are there any siblings of this student **not currently enrolled** in LPISD 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: \_\_\_\_\_

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**Please check the appropriate statements:**

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

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

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My child received the following services at his/her most recent school:

Gifted/Talented Program

Title I Instruction

Counseling

Section 504 Placement

Dyslexia Program

Bilingual or English as a Second Language

Pre-Kindergarten

Special Education (***please check all that apply***)

Speech Therapy

Inclusion or Regular

Education

Content Mastery

Physical Therapy

Resource Room

Self-Contained Classroom

Occupational Therapy

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: \_\_\_\_\_

**LPISD OUT-OF-DISTRICT TRANSFER AGREEMENT**

Excerpts from LPISD 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.

**Notes:**

**A transfer shall not be approved that would limit the educational opportunities of resident students or require additional staff.**

**The Superintendent (or designee) 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.**

**No transportation shall be provided for any out-of-District student accepted for enrollment, including students with special needs.**

**REVOCAATION**

The Superintendent (or designee) has the authority to revoke inter district 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 compliance with tardy policies. 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, if approved, La Porte ISD will not provide transportation to, from, or within the District, including for special needs students.**

\_\_\_\_\_

**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

**First Time Applications: Instructions for Parents/Guardians:**

1. Complete this application.
2. Obtain the following educational records from your student’s current home campus:
  - a. Official Transcript
  - b. Most recent state testing data (STAAR, TELPAS)
  - c. Attendance history from the previous semester/school year
  - d. Discipline summary from previous semester/school year
3. Deliver the application package plus the educational records to the campus where you are requesting the open enrollment.

**Renewal of Open-Enrollment Status: Instructions for Parents/Guardians:**

1. Complete this application.
2. Deliver the application to the campus where you are requesting renewal of your open enrollment.

The La Porte Independent School District does not discriminate on the basis of age, race, religion, color, national origin, sex or disability in providing education services, activities, and programs, including vocational programs, in accordance with Title VI of the Civil Rights Act of 1964, as amended; Title IX of the Educational Amendments of 1972; Section 504 of the Rehabilitation Act of 1973, as amended; and Title II of the Americans with Disabilities Act. The

**For District Use Only**

Principal	Date	_____ Approved	_____ Disapproved
Executive Director	Date	_____ Approved	_____ Disapproved
Executive Director	Date	_____ Approved	_____ Disapproved

The transfer is effective for the 2020 – 2021 school year.

School Assigned

_____ Bayshore Elementary	_____ James H. Baker Sixth Grade Campus
_____ College Park Elementary	_____ La Porte Junior High
_____ Heritage Elementary	_____ Lomax Junior High
_____ Jennie Reid Elementary	_____ La Porte High School
_____ La Porte Elementary	_____ Viola DeWalt High School
_____ Lomax Elementary	
_____ Leo A. Rizzuto Elementary	

Date of parent notification (mailed): \_\_\_\_\_

Title IX Coordinator is Angela Garza-Viator, Executive Director of Human Resources, 1002 San Jacinto, La Porte, Texas 77571, Telephone (281) 604-7113. The Section 504 Coordinator is Cynthia Anderson, Executive Director of Special Programs, 1002 San Jacinto, La Porte, Texas 77571, Telephone (281) 604-7034.

El Distrito Independiente Escolar de La Porte no discrimina sobre la base de edad, raza, religión, color, origen nacional, sexo u discapacidad para proveer servicios educacionales, actividades y programas, incluyendo programas vocacionales, de acuerdo con el Título VI del Acta de Derechos Civiles de 1964, como fue enmendada; Título IX de las Enmiendas Educativas de 1972; Sección 504 del Acta de Rehabilitación de 1973, como fue enmendada; y el Título II del Acta de Americanos con Discapacidades. La Coordinadora del Título IX es Angela Garza-Viator, Directora Ejecutiva de Recursos Humanos, 1002 San Jacinto, La Porte, Texas 77571, Teléfono (281) 604-7113. La Coordinadora de la Sección 504 es Cynthia Anderson, Directora Ejecutiva de Programas Especiales, 1002 San Jacinto, La Porte, Texas 77571, Teléfono (281) 604-7034.