



## Student Transfer Form for 2017 – 2018

### INSTRUCTIONS for PARENTS OR GUARDIANS:

**On the Student Transfer Application Form page 1 – All information must be completed before the application will be reviewed**

1. Complete one block for each child (include their SSN & birth date)
2. In the middle of the form, you must indicate reason for student transfer
3. At the bottom of the form, write in your home address, print your name and sign.
  - \* If active military-Please attach a letter of employment on letterhead, showing active military status, from your supervisor (provide annually).
  - \* CCAD and/or other worker on Naval Air Station—Corpus Christi-Please attach a current letter of employment on employer letterhead, from your supervisor (provide annually).
  - \* Employees you must indicate department or school campus.
4. Read the information provided on the criteria for all types of transfer students found on page 2
5. Print your name, and
6. Sign the form by the Hornet



we will complete the shaded area of the chart.

If you need any help, please call Brenda Mlsna at Ext. 9220 or (361) 694-9220.

You will be notified of approval or disapproval by letter.

**FLOUR BLUFF INDEPENDENT SCHOOL DISTRICT**  
Student Transfer Application Form for the 2017-2018 School Year

...Information given on this form is

-office use- T  B  E  L  W  Confidential  TX

1.  
Full Name of Student: \_\_\_\_\_  
First Middle Last  
What grade will student be in for 2017-2018: \_\_\_\_\_  
Name of District where student lives: \_\_\_\_\_  
Name of School student would attend in that district: \_\_\_\_\_  
Name of District and school student attended last year for the 2016-2017 school year: \_\_\_\_\_  
List services the student has received or qualified for: (i.e. 504, Speech, ESL, Special Education, etc.) \_\_\_\_\_  
Student SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Student's Birth date: \_\_\_\_\_  
Ethnicity for this student (Circle one): Am Indian/Alaskan Native Asian Black Hispanic White

-Office use- \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

2.  
Full Name of Student: \_\_\_\_\_  
First Middle Last  
What grade will student be in for 2017-2018: \_\_\_\_\_  
Name of District where student lives: \_\_\_\_\_  
Name of School student would attend in that district: \_\_\_\_\_  
Name of District and school student attended last year for the 2016-2017 school year: \_\_\_\_\_  
List services the student has received or qualified for: (i.e. 504, Speech, ESL, Special Education, etc.) \_\_\_\_\_  
Student SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Student's Birth date: \_\_\_\_\_  
Ethnicity for this student (Circle one): Am Indian/Alaskan Native Asian Black Hispanic White

-office use- \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**REASON FOR STUDENT TRANSFER?**

Check one box that applies to your student(s):

- 1. Tuition-based transfer
- 2. **Resident students** who completed their junior year at the District high school as residents and who become nonresidents after completion of the junior year, may continue to attend tuition-free until graduation.
- 3. Students whose parents anticipate residency within 60 days may attend District schools. Proof of potential residency must be provided at the initial time of enrollment **with a follow-up in 45 days.** (attach fully executed, notarized contract, with signatures of buyer & seller)
- 4. Students whose parent(s) is employed at the Corpus Christi Naval Air Station, the Corpus Christi Army Depot, or by any military tenant of the Naval Air Station, may enroll tuition-free. Proof of employment must be provided at the initial time of enrollment and each year enrolled. (Attach letter from supervisor on employer letterhead.)
  - NAS  CCAD  Tenant on Base \_\_\_\_\_ name of tenant.
- 5. Students whose parent(s) are active military, stationed at Naval Air Station—Corpus Christi (Attach letter from supervisor showing active military status, on employer letterhead.) The letter must be updated annually.
- 6. Children of nonresident District employees shall be eligible to attend District schools.  
Department or School Campus of Parent's Employment: \_\_\_\_\_
- 7. Resident students who become nonresidents during a school year may complete the semester tuition-free.
- 8. A secondary student who resides in an independent school district adjacent to the boundaries of the District that does not provide a secondary school program may be permitted to attend.

**Student must meet criteria for approval**

Home address \_\_\_\_\_ Zip \_\_\_\_\_

Parent/guardians Printed Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Parent/guardian(s) Signature: \_\_\_\_\_ Date \_\_\_\_\_

for FY 2017 - 2018

**Authority for Data Collection:** Texas Education Code 21.061; Civil Action 5281, Section A  
**Planned Use of Data:** To complete reports required by Federal Court Order Civil Action 5281.  
**Instructions:** This form must be used for all student transfers, **within the State of Texas**, including hardship. The Superintendent or designee of the receiving district must indicate **approved** or **disapproved** and sign the transfer form, based upon the transfer application meeting board policy criteria for transfer to the district. If approved by the Superintendent or designee, the transfer must also be considered for approval by the Board of Trustees. For further information, contact the Division of Equal Education Opportunity at (512) 463-9671.

**(Criteria for all types of transfer students) This section must be read and completed by the parent or guardian:**

I have been informed of the receiving district's policy concerning tuition charges, if any, for a transferred student whose grade is taught in the student's district of residence; and I accept responsibility for the payment of tuition as required. I understand that it is **my responsibility to provide transportation to and from school for my child**, and that **attendance, discipline problems, lack of failure to follow policies and procedures, and lack of passing performance with my child or failure to pay tuition by the stated deadlines will be reason for this transfer to be revoked**. In return for the district permitting my student to transfer into a district school, I expressly waive and release any claim that I may have that the district cannot revoke a transfer, and/or that the transfer of my student must be for a period of one year. By my signature below, I expressly confirm that I agree with and accept all of the reasons for a transfer revocation set out in the non-resident transfer agreement, and further agree that this agreement can be revoked for any of those reasons before the end of the school year for which the transfer is approved.

I have read and agree to the above information

**PARENT: PLEASE PRINT YOUR FULL NAME ON LINE 1 AND SIGN ON LINE 2 THEN**



**Line 1: Printed Name of Parent or Guardian** \_\_\_\_\_

**Line 2: Signature of Parent or Guardian** \_\_\_\_\_

**This section must be completed by the school district:**

Last	Name First	Middle I.	Student grade level 16-17	Home District	In FB last year	Ethnic Code	Exemption Code	Receiving Campus

**This section must be completed by the receiving district superintendent or designee:**

The above transfer(s) was:    approved    disapproved   on this date \_\_\_\_\_.

Typed Name of Receiving District Superintendent or Designee	Telephone	Signature
Dr. Alicia Needham, Assistant Superintendent	361-694-9220	