



# ROYAL INDEPENDENT SCHOOL DISTRICT

## 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 RISD District Office at 281-934-6901. All requested documents must be included with the application. Once the form is completed, return to the student's campus administrator. The deadline for completed applications is June 26, 2020. Applications will be stamped as to the date and time in the order they are received. Applications will then be considered in that order. RISD will only accept non-resident transfers to the extent that there is sufficient personnel and facility space.

Student's Name \_\_\_\_\_  
*Last* *First* *Middle*

Student's current grade level (2020-2021 School Year) \_\_\_\_\_

Student's Social Security Number \_\_\_\_\_ Student's Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Sex of the Student    Male \_\_\_\_\_ Female \_\_\_\_\_

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/Cell(Father) \_\_\_\_\_ Work/Cell(Mother) \_\_\_\_\_

**Please check the appropriate statements:**

- My child was placed or attended a disciplinary alternative education program (DAEP or JJAEP) during either school year, 2018-2019 or 2019-2020

My child receives the following services at his/her school:

- |  |  |
|--|--|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> Gifted/Talented Program</li> <li><input type="checkbox"/> Chapter 1 Instruction</li> <li><input type="checkbox"/> Counseling</li> <li><input type="checkbox"/> Prekindergarten</li> <li><input type="checkbox"/> Section 504 Placement</li> <li><input type="checkbox"/> Dyslexia Program</li> <li><input type="checkbox"/> Bilingual or English as a Second Language</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Special Education (please check all that apply)           <ul style="list-style-type: none"> <li><input type="checkbox"/> Speech Therapy</li> <li><input type="checkbox"/> Inclusion or Regular Education</li> <li><input type="checkbox"/> Content Mastery</li> <li><input type="checkbox"/> Physical Therapy</li> <li><input type="checkbox"/> Resource Room</li> <li><input type="checkbox"/> Self-Contained Classroom</li> <li><input type="checkbox"/> Occupational Therapy</li> <li><input type="checkbox"/> Other:</li> </ul> </li> </ul> |
|--|--|
- My child received none of the services described above.

**Application is not complete unless the following documents are attached:**

- Report Card for previous year
- Disciplinary Records for previous year
- Attendance Record for previous year
- STAAR/EOC results for previous year
- My child attended RISD schools last year (2019-2020)

**Office Use ONLY**

Ethnic Code  
Ethnic Code: \_\_\_\_\_

**Current Attendance Data**  
County-District Number: \_\_\_\_\_ Campus Number: \_\_\_\_\_

**District Student Attended Prior Year**  
County-District Number: \_\_\_\_\_

**Campus Assigned in Receiving District**  
Campus Number: \_\_\_\_\_

**ROYAL ISD  
OUT OF DISTRICT ENROLLMENT POLICY Excerpts  
from RISD Policy FDA (LOCAL)**

Nonresidents may enroll their children in Royal ISD schools with no tuition charge, according to the following stipulations:

- **Students must reapply for interdistrict transfer annually.**
- **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 interdistrict transfer students. Excessive absences, tardies, or early pick ups from school can result in the revocation of the transfer.**

**REVOCATION** The Superintendent has the authority to revoke interdistrict transfers as provided in the transfer agreement. Students who transfer into Royal ISD shall follow all rules and regulations of Royal ISD, including, but not limited to, Royal ISD 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 I must reapply for a transfer to Royal ISD each school year.**

\_\_\_\_\_ **I understand that, if approved, this request is granted conditionally on student behavior, academic effort, and attendance, including tardies.**

\_\_\_\_\_ **I understand that transportation to the assigned school is my responsibility.**

\_\_\_\_\_ **I understand that falsification of information is a Class A Misdemeanor, which can lead to legal action and will lead to revocation of this agreement.**

\_\_\_\_\_ **I understand that I must follow all UIL rules concerning student transfers and the UIL eligibility limitations regulating high school, varsity, athletic competition for nonresident transfers.**

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

\_\_\_\_\_ **Parent/Guardian Signature** \_\_\_\_\_ **Date**

**FOR DISTRICT USE ONLY**

Principal  Approved  Disapproved \_\_\_\_\_  
Signature Date

Superintendent  Approved  Disapproved \_\_\_\_\_  
Signature Date

School Assigned \_\_\_\_\_

This transfer is effective for the \_\_\_\_\_ school year.

**Date Notification Given to Parent/Guardian** \_\_\_\_\_