

NORDHEIM INDEPENDENT SCHOOL DISTRICT

500 North Broadway

Nordheim, TX 78141

Phone (361) 938-5211 Fax (361) 938-5266

2016-2017

APPLICATION FOR TRANSFER

To the Applicant and/or Parent(s): The contents of this application will be kept confidential. Please complete the entire application before it is returned. Write clearly in black or blue ink. Failure to submit a fully completed application may result in denial of transfer.

Application issued on _____(date) Date of Return: _____

This application for admission to the Nordheim School is made on behalf of:

Last Name	First	Middle
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with acceptance of the regulations and procedures of the Nordheim School as they are stated at the end of this application.

Applicant (student) Social Security Number: _____

Date of Birth: _____ Age: _____ Sex: ___ M ___ F

Place of Birth: _____ County: _____ Country: _____

Ethnicity: ___Asian ___Black ___Hispanic/Latino ___Native American ___White ___Other

BASIC INFORMATION

Are you the parent or legal guardian of this child? ___No ___Yes

Is there a custody agreement in place for this child and do you have the legal right to make educational decisions for this child? ___No ___Yes If yes, please provide documentation.

Name of Parent(s)/Guardian(s): _____

Physical Address: _____

Mailing Address (if different): _____

City: _____ State: _____ Zip Code: _____

Phone Numbers: _____

Applicant lives with (check one): ___Both Parents ___One Parent ___Parent & Step-Parent ___Guardian

Father: _____ Employed at: _____ Work Phone: _____ Cell: _____

Mother: _____ Employed at: _____ Work Phone: _____ Cell: _____

Guardian: _____ Employed at: _____ Work Phone: _____ Cell: _____

Parent/Guardian E-Mail Address: _____

EXCEPTIONS

Please indicate the exception statement that qualifies your student for transfer. Please provide additional information or documentation as needed.

___ 1. A nonresident District employee may request that his or her child be permitted into District schools by filing an application with the superintendent or designee at any time. Transfer applications filed under this exception are not subject to the application deadline(s), and will not be denied based on the student’s desire to effectuate the transfer after the first day of instruction of the school year.

___ 2. A nonresident student who has attended school in the District for the two school years prior to application of transfer, and who will be classified as a twelfth grade student during the school year for which transfer is requested, may be accepted for transfer to the District.

___ 3. A nonresident sibling of a previously accepted transfer student who continues to be enrolled in the District may be accepted for transfer to the District.

___ 4. A nonresident student who will become a District resident by the end of the first six weeks period of the school year for which enrollment is sought may be accepted for transfer provided that sufficient proof of future residency is submitted to the District at the time the transfer request is filed (See PROOF OF FUTURE RESIDENCY in policy)

___ 5. The transfer application of a nonresident student who will be classified as a Pre-K through twelfth grade student during the school year for which transfer is requested may be considered for transfer to the District only after all other transfer requests have been considered.

ACADEMIC/EDUCATIONAL INFORMATION

Are you currently enrolled in school? ___ No ___ Yes Grade Level: _____

If no, explain: _____

If yes, name of present school and location: _____

School district of residence: _____

Have you repeated a grade(s)? ___ No ___ Yes If yes, which grade(s): _____

Have you failed a class(es)? ___ No ___ Yes If yes, which class(es): _____

Please check all that apply:

___ At Risk ___ Title I ___ ESL/Bilingual ___ LEP ___ Gifted & Talented ___ 504

___ Migrant ___ Speech Therapy ___ Special Education: Instruction Setting: _____

TRANSPORTATION TO SCHOOL

Parent will provide transportation: ___ yes ___ no

Student will drive own vehicle: ___ yes ___ no

Student will ride bus route: ___ yes ___ no

RECORD OF PREVIOUS SCHOOL ENROLLMENT

Grade(s) **Name of School & Location (City & State)** **Year(s) Attended**

(Note: Your signature at the end of this application indicates your approval for Nordheim ISD to request and receive academic, disciplinary, attendance, and any other related information from the above school districts of previous enrollment in order to make transfer determination.)

DISCIPLINE/ATTENDANCE INFORMATION

Have you ever been in a Discipline Alternative Education Program (DAEP) No Yes
If yes, please explain: _____

Have you ever been or are currently suspended/expelled? No Yes
If yes, please explain: _____

Are you currently on probation or other conditional release for a conviction of a criminal offense?
 No Yes If yes, (number of times) explain: _____

Have you engaged in delinquent conduct or conduct in need of supervision and are on probation or other conditional release for that conduct? No Yes If yes, (number of times) explain: _____

Have you experienced any of the following: No Yes If yes, please check all the following that apply:

Excessive Absences Excessive Tardies Fights

Number of absences (current year) Number of tardies (current year)

Number of absences (last year) Number of tardies (last year)

I certify that the information on this application is complete and correct. I understand that the submission of false information is grounds for denial of my application, withdrawal of any offer of acceptance, cancellation of enrollment, or appropriate disciplinary action. I understand that the Nordheim Independent School District expects a high standard of conduct from its students, and if accepted for admission, I will abide by all rules and regulations of the Nordheim Independent School District as set forth in the Student Handbook. I authorize the Nordheim Independent School District to verify the information I have provided. I agree to notify the proper officials of the Nordheim Independent School District of any changes in the information provided.

Please refer to policy FDA (LOCAL) which is attached.

Parent/Guardian Signature: _____ **Date:** _____

The above transfer was approved disapproved on the _____ day of _____.

Signature of Superintendent **Kevin Wilson, Superintendent**