

2022-2023 INTER-DISTRICT STUDENT TRANSFER APPLICATION**Student New to District**

Spring Creek ISD Administration screens applications for inter-district student transfers. Except as mandated under Civil Order 5281, the acceptance or rejection of a student transfer shall not be made with regard to race, religion, color, sex, disability, or national origin.

As part of this screening process, applicants may expect the administration to do the following:

- Meet with parents/guardians and student regarding the potential student's school history and records; and,
- Consider heavily the potential student's grades, test scores, attendance, and discipline at his/her previous school.

General Information

Date of Request: _____

Effective School Year: **2022-2023**

Student Full Legal Name: _____

2022-2023 Grade Level: _____

Student Date of Birth: _____

Student Age: _____

Student Social Security Number: _____

Parent(s) Name: _____

Parent(s) Mailing Address: _____

(PO Box or Street)

City

State

Zip

Parent Home Phone(s): _____

Parent Cell Phone(s): _____

Parent Work Phone(s): _____

School District Where Student Currently Resides: _____

School District Currently Enrolled for 2021-22: _____

Name of School Currently Attending for 2021-22: _____

School District Enrolled in 2020-21: _____

Name of School Enrolled in 2020-21: _____

Student Information

1. Has this student ever participated in a gifted & talented program? ☐ Yes Last School Year: _____
☐ No
2. Has this student ever participated in English as Second Language (ESL) or Bilingual (BIL) program? ☐ Yes Last School Year: _____
☐ No
3. Has this student ever received special education services? ☐ Yes Last School Year: _____
☐ No
4. Has this student ever received speech therapy services through Special Education or Response to Intervention (RtI)? ☐ Yes Last School Year: _____
☐ No
5. Has this student ever received dyslexia services? ☐ Yes Last School Year: _____
☐ No
6. Has this student ever been retained? ☐ Yes Grade Level(s): _____
☐ No
7. Has student been expelled, suspended, or assigned to a Disciplinary Alternative Education Program or In-School Suspension within the past three years? ☐ Yes List School Year(s): _____
☐ No

If "Yes," please explain: _____

8. How many times has student changed schools within the past three years? _____

9. List previous school-related activities, sports, etc. that which student has participated:

10. List activities, sports, etc. that student currently participates in outside of school:

Parent Understanding and Attestation

- I completely understand that if my student is permitted to attend Spring Creek ISD as a transfer student, I will be required to execute an Agreement for Inter-District Student Transfers and that Spring Creek ISD reserves the right to revoke the transfer of my student at any time during the year based on one or a combination of the following factors:

* Academic Standing * Course Grades * Assessment Scores (State and Local) * Disciplinary Record
* Attendance Record * Excessive Tardies * Behavior * Work Habits

Parent Initials: _____

- I hereby attest that the information provided in this application for inter-district transfer is accurate and truthful. I understand that providing false or misleading information in the transfer application may result in the denial of the application, revocation of a student's inter-district transfer, and/or may have criminal consequences.

Parent Initials: _____

I hereby request that the student herein named be considered for enrollment in the Spring Creek ISD as an inter-district transfer student.

Parent/Guardian Signature: _____

SPRING CREEK INDEPENDENT SCHOOL DISTRICT

AGREEMENT FOR INTER-DISTRICT STUDENT TRANSFERS

Students who transfer to Spring Creek ISD while residing in other school districts are subject to certain conditions. Inter-district transfers are a privilege granted by the receiving district, and not a right of students living outside of the district. Spring Creek ISD retains the right to accept or reject any and all transfer applications, based on an individual evaluation of:

- Grades
 - ❖ The student must have maintained at least a 70 average in each of his/her classes in the school year immediately preceding the transfer request.
- Attendance
 - ❖ The student must have maintained at least a 90% attendance rate in the school year immediately preceding the transfer request.
- Test scores
 - ❖ The student must have met the passing standards on all applicable STAAR, or other exit or grade-level testing.
- Disciplinary history: The following types of disciplinary history may be considered in reviewing your transfer application.
 - ❖ The student must not have received discipline referrals in the school year immediately preceding the transfer request.
 - ❖ The student must not have engaged in chronic minor violations of the Student Code of Conduct, including, but not limited to, repeated tardiness or dress and grooming code violations in previous academic school years.
 - ❖ The student must not have engaged in any single major violation of the Student Code of Conduct in the school year immediately preceding the transfer request, i.e., one that is punishable by placement in a Disciplinary Alternative Education Program, suspension or expulsion in previous years.
 - ❖ The student must not have engaged in any gang-related activity.
- All outstanding balances owed to Spring Creek ISD by the student or parent, if applicable.
- Availability of space, resources, and instructional staff.
- Potential adverse effect of the transfer on the financial well-being of the district or the district's ability to continue providing quality educational services to all students.

Spring Creek ISD reserves the right to revoke the transfer of a student at any time during the year based on one or a combination of the factors below. Reasons for revocation of transfers are as follows:

- | | |
|---------------------------------------|------------------------|
| • Academic standing | • Course grades |
| • Assessment scores (state and local) | • Work habits |
| • Behavior | • Disciplinary history |
| • Excessive tardies | • Attendance |

Inter-district transfer students accepted and enrolled in Spring Creek ISD are required to submit a transfer request each school year. Existing transfer students are reviewed annually to confirm their continued eligibility for transfer status for the next school year. The same factors listed above will be considered when evaluating an existing transfer student's request. For example, a transfer student who is suspended or placed in DAEP while enrolled in Spring Creek ISD may be denied transfer for the following school year due to the student's disciplinary history.

IMPORTANT: The student's parent(s) must keep and maintain a current working phone number with the District.

I/We, _____, of _____
Printed Name of Parent(s)/Guardian(s) Printed Name of Student

understand and accept the conditions for an inter-district transfer as set forth in this agreement.

Parent/Guardian Name (Printed)

Parent/Guardian Signature

Date

Student Name (Printed)

Student Signature

Date

SCISD Use Only

The above transfer application was:

☐ Approved

☐ Not Approved

On this _____ day of _____ of 20_____.

		(806) 273.6791
Superintendent/Designee	Date	Telephone



Name of Student: _____

Name of Last School Attended: _____

School Address: _____ City: _____ State: _____ Zip: _____
Street or P.O. Box

The student listed above recently requested enrollment in Spring Creek ISD and the student's parent/guardian reported to us that the student formerly attended your school. To complete our enrollment process, we are in need of the following selected cumulative records/information denoted by an "X":

<input type="checkbox"/>	Copy of Birth Certificate
<input type="checkbox"/>	Copy of Social Security Card
<input type="checkbox"/>	Educational Evaluations
<input type="checkbox"/>	Standardized Test Data/Scores
<input type="checkbox"/>	Previous Year's Report Card
<input type="checkbox"/>	Special Education Records
<input type="checkbox"/>	Speech Therapy Records
<input type="checkbox"/>	Home Language Survey
<input type="checkbox"/>	ESL/Bilingual Program Records
<input type="checkbox"/>	Immunizations/Health Records
<input type="checkbox"/>	Section 504 Records
<input type="checkbox"/>	Dyslexia Program Records
<input type="checkbox"/>	Gifted & Talented Records
<input type="checkbox"/>	Records from other special programs or additional support from the Response to Intervention (RTI) Program

Please refer to our TREx (Texas Record Exchange System) request (if applicable) and send the records via TREx, mail, or encrypted email for the student named above as soon as possible to:

Mailing Address: Spring Creek ISD • HCR 1 Box 48 • Skellytown, Texas 79040 • (806) 273-6791

Email Address: springcreekisd@region16.net

PERMISSION FOR RELEASE OF RECORDS FOR THE ABOVE NAMED STUDENT IS GRANTED TO SCISD.

Signature of Parent/Guardian: _____

Date: _____

Printed Name of Parent/Guardian: _____



Inter-District Transfer Student

The following documentation, in addition to the **Spring Creek ISD Inter-District Student Transfer Application**, must be submitted for any new student who resides **outside** of the Spring Creek Independent School District in order to be considered for acceptance into Spring Creek School:

REQUIRED DOCUMENTATION	Returned ✓
Proof of Identification for Student <i>The following are acceptable forms of proof of identification:</i> <ul style="list-style-type: none">• A copy of the child's birth certificate, or another document suitable as proof of the child's identity by the Commissioner of Education in the Student Attendance Accounting Handbook.• A copy of the child's records from the school the child most recently attended if he/she was enrolled in a school in Texas or in another state.	
Copy of Child's Social Security Card <i>In the state of Texas, students are tracked by the state identification number. TEA prefers that students are coded using their Federal Social Security Number, and we are required to ask for this information. We can only assign the social security number as the student's id when we have acceptable proof of that number.</i>	
Child's Immunization Record <i>Please provide a record showing that the child has the immunizations required by Education Code 38.001, proof that the child is not required to be immunized, or proof that the child is entitled to provisional admission.</i>	
Copy of Student's Report Cards from All Previous School Years	
Copy of Student's Transcript ONLY REQUIRED IF CHILD WILL BE ENTERING GRADE 8 OR ABOVE <i>Please provide a copy of your child's most recent transcript (unofficial is acceptable) if he/she has completed courses for high school credit.</i>	
Copy of Student's Reading Assessment (i.e., TPRI) from All Previous School Years ONLY REQUIRED IF CHILD WILL BE ENTERING GRADE 3 OR BELOW	
Copy of Student's State-Mandated Assessment Results from All Previous School Years Requiring State-Mandated Assessments ONLY REQUIRED IF CHILD WILL BE ENTERING GRADE 4 OR ABOVE	
Copy of Student's Attendance Record from Previous School Year	
Copy of Student's Discipline Record from Previous School Year <i>A discipline report must be submitted even if the student has no previous year disciplinary history. If a student has no previous school year disciplinary history, a report generated through the previous district's student information management system must be submitted stating such or a letter confirming that the student has no previous year disciplinary history signed by the previous district's principal on official school letterhead.</i>	

REQUIRED DOCUMENTATION (Cont'd)	Returned ✓
<p>Proof of Identification for Person Enrolling Student: <i>The following are acceptable forms of proof of identification:</i></p> <ul style="list-style-type: none"> • A current valid state, federal or international photo identification that contains the name, birth date, and signature (i.e., driver's license) 	
<p>Proof of Residence <i>The following are acceptable forms of proof of residence:</i></p> <ul style="list-style-type: none"> • Current utility bill • Current rental/lease agreement • Current house payment voucher • Affidavit of Residence • Current property tax statement (with Homestead Exemption) 	
<p>Proof of Guardianship/Legal Control (If Applicable) <i>Please provide a copy of the court order establishing legal guardianship/control of child.</i></p>	
<p>Original Home Language Survey <i>A copy of the original Home Language Survey from the student's previous school district is required.</i></p>	
<p>Special Education Records (If applicable) <i>If the student receives Special Education services, a copy of his/her current IEP (Individualized Education Program) is required.</i></p>	
<p>Speech Therapy Records (If applicable) <i>If the student receives Speech Therapy services through a special education or response to intervention program, a copy of his/her current speech therapy plan is required.</i></p>	
<p>504 Program Records (If applicable) <i>If the student receives accommodations per his/her 504 Program Plan, a copy of his/her current 504 Program Plan and 504 Program Evaluation are required.</i></p>	
<p>Response to Intervention Records (If Applicable) <i>If the student has ever been placed in a Response to Intervention (RtI) program, a copy of his/her RtI records is required.</i></p>	
<p>Dyslexia Program Records (If applicable) <i>If the student receives dyslexia services, a copy of his/her current dyslexia services plan is required.</i></p>	
<p>Gifted & Talented Program Records (If applicable) <i>If the student has been identified as gifted & talented and receives such services, a copy of his/her current gifted & talented program records, including assessment(s) and placement determination, is required.</i></p>	
<p>English as a Second Language (ESL)/Bilingual Language (BIL) Program (If applicable) <i>If the student receives ESL or BIL services, a copy of his/her current ESL/BIL program records is required.</i></p>	

Spring Creek School Registration Form for School Year 2022-2023

Campus Name: Spring Creek School

Campus Phone: (806) 273-6791

STUDENT INFORMATION

Local ID	Student Name	Grade Level	Orig Entry Dt	Track	SSN	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Pacific Islander
						<input type="checkbox"/> White	<input type="checkbox"/> Black
						<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian
Gender	Date of Birth	Birth Place	Age (Sept 1st)	Texas Unique ID			
Address:					Student Home Phone:		
Mailing Address:					Student Cell Phone:		
Student Email:					Will your child be using bus transportation to get to school? <input type="checkbox"/> Yes <input type="checkbox"/> No		

PARENT INFORMATION

1. Guardian:	Relation:	2. Guardian:	Relation:
Address:		Address:	
City, St, Zip:		City, St, Zip:	
Employer:		Employer:	
Cell Ph:	Home Ph:	Bus Ph:	
Other Ph:	Phone Pref: <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Business <input type="checkbox"/> Other	Other Ph:	Phone Pref: <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Business <input type="checkbox"/> Other
Receive Mailouts: <input type="checkbox"/> Yes <input type="checkbox"/> No	Language Pref: <input type="checkbox"/> English <input type="checkbox"/> Spanish	Receive Mailouts: <input type="checkbox"/> Yes <input type="checkbox"/> No	Language Pref: <input type="checkbox"/> English <input type="checkbox"/> Spanish
Emergency Contact: <input type="checkbox"/> Yes <input type="checkbox"/> No	Email:	Emergency Contact: <input type="checkbox"/> Yes <input type="checkbox"/> No	Email:
Svc Branch:	Rank:	Enrolling Person:	
Right to Transport: <input type="checkbox"/> Yes <input type="checkbox"/> No	Driver License #:	State:	
Vehicle Make:	Model:	Color:	
Vehicle Plate #:	State:		

EMERGENCY CONTACT INFORMATION

1. Name:	Relation:	Cell Ph:	Home Ph:	Bus Ph:
Other Ph:	Phone Pref: <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Business <input type="checkbox"/> Other	Right to Transport: <input type="checkbox"/> Yes <input type="checkbox"/> No	Driver License #:	State:
Vehicle Make:	Model:	Color:	Plate #:	State:
2. Name:	Relation:	Cell Ph:	Home Ph:	Bus Ph:
Other Ph:	Phone Pref: <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Business <input type="checkbox"/> Other	Right to Transport: <input type="checkbox"/> Yes <input type="checkbox"/> No	Driver License #:	State:
Vehicle Make:	Model:	Color:	Plate #:	State:
Doctor:	Bus Ph:	Dentist:	Bus Ph:	
Hospital:	Bus Ph:	Other Medical:	Bus Ph:	
List any Allergies or Health Concerns:				

SIBLING INFORMATION

Brothers/Sisters	Grade	School	Brothers/Sisters	Grade	School

BUS INFORMATION

Eligible:	Seat:	Special Requirements
Route:	Run:	Transportation:
Pickup Stop:	Dropoff Stop:	Special Seating:
Pickup Assigned:	Dropoff Assigned:	Wheelchair:
Pickup Route:	Dropoff Route:	

The above information is required for a permanent school record of your child and will be used by school personnel. Presenting false documents, records or information is a violation of state law and may subject you to tuition cost for your child. I certify that the information given above is correct. I authorize the school to contact the person named on this form and the above named physician to render such treatment as may be necessary in an emergency of said child. In the event parents, physician, or other persons named cannot be contacted, school officials are hereby authorized to take whatever action is necessary in their judgment for the health of the above child. I will not hold the school district financially responsible for emergency care and/or transportation.

Parent or Guardian Signature

Date of Birth

Date

(For Office Use Only)

Teacher Name:	Control Nbr:	Eligibility Code:
Birth Certificate on File:	Mil Conn:	Foster Care:
Soc Sec Copy on File:	At Risk:	Migrant:
Gift:	LEP:	BIL:
ESL:	Par Per:	Econ:
Special Education:	Prim:	Sec:
Tert:	Multi:	

