

Student Transfer Application for Admission



203 Seahawk Drive Riviera, Texas 78379
Phone: (361) 296-3101 Fax: (361) 296-3108
www.rivieraisd.us

Student Name

Address

City, State, Zip

Current Grade Level

Phone

FOR OFFICE USE ONLY:

Processed by Campus Committee: _____

Application Process Completed: _____

Add to Board Approval List: _____

Parent Notification Date: _____



Student Transfer Information for Admission

We are pleased to announce that Riviera ISD is now accepting admission applications for NEW Non-Resident students for the 2021-2022 school year. Applications are considered on an individual basis by the District Screening Committee and final approval will be made by the Superintendent.

The following documents must be submitted with the **Application for Transfer** in order to be reviewed by the committee:

- Birth Certificate
- Social security Card
- Immunizations
- Current Report Card (Grades 1-8)
- Transcript (Grades 9-12)
- Attendance Records from previous and current school years
- Discipline Records from previous and current school years
- State Assessment Scores

In approving NEW Non-Resident transfers, the Superintendent or Designee shall consider availability of space and instructional staff, and the student's academic commitment, disciplinary history and attendance records.

All forms can be downloaded at www.rivieraisd.us. If you have any questions please call the Administration Office at 361-296-3101.

Riviera

Application for Transfer

Texas Education Agency Division of Equal Education Opportunity
2022-2023 School Year

Authority for Data Collection: Texas Education Code 21.061; Civil Action 5281, Section A

Planned Use of Data: To complete the report 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. Column Instructions can be found on the reverse side of this form. The Superintendent of the receiving district must circle approved or disapproved and sign the transfer form. For further information, contact the Division of Equal Education at (512) 463-9671.

PRINT: Student Name			Student Social Security #	Current Grade Level	In District Last Year?	Date of Birth	School District County-District No. of Residence
LAST	FIRST	MI					
					<input type="checkbox"/> Yes <input type="checkbox"/> No		

SEE BACK FOR CODES

IF STUDENT WAS ENROLLED IN ANY OF THE FOLLOWING SPECIAL PROGRAMS, PLEASE CHECK:

Gifted and Talented _____ ESL _____ 504 _____ Special Education _____

Race/Ethnicity

_____Hispanic / Latino

_____Asian

_____White

_____American Indian / Alaskan Native

_____Black / African American

_____Hawaiian / Pacific Island

This section must be completed by Parent or Legal 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.

PRINT PARENT/GUARDIAN NAME: _____

SIGNATURE OF PARENT/GUARDIAN: _____

Student's Physical Address **No P.O. Box**: _____

City, State, ZIP: _____

Phone Number(s): _____

(Home)

(Cell)

Instructions

Student's Name:

- Print student's last name, first name and middle initial.

Student's Social Security Number:

- Enter the student's social security number or state identification number.

Student in District Last Year:

- A student is counted in the district last year if the student has been with the receiving district on a continuous basis. When a transfer student withdraws, upon their return to the receiving district, the student is considered a new transfer to the district.

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District of Residence:

- Enter the County-District-Campus number the student would have attended had the student remained in the District of Residence. Do not enter a private or charter school number or a number from another state.

This section must be completed by the receiving District:

The above transfer student was approved / denied on this _____ day of _____, _____.			
Name of Receiving District Superintendent	Superintendent's Signature	Date	Telephone
Mrs. Patricia Thornton	_____	_____	361-296-3101

<u>District</u>	<u>School</u>	<u>Grades</u>	<u>District ID</u>
Bishop CISD	Bishop Primary	EE-02	178-902-102
	Bishop Elementary	3 RD -5 TH	178-902-101
	Bishop Luehrs Junior High	6 TH -8 TH	178-902-041
	Bishop High School	9 TH -12 TH	178-902-001
	Petronila Elementary	EE-5 TH	178-902-103
Brooks ISD	Lasater Elementary	EE-1st	024-901-103
	Falfurrias Elementary	2 ND -5 TH	024-901-101
	Falfurrias Junior High	6 TH -8 TH	024-901-041
	Falfurrias High School	9 TH -12 TH	024-901-001
Jubilee Kingsville	Jubilee	PreK-8 th	015-822-006
Kingsville ISD	Harrel Elementary	EE-5 TH	137-901-109
	Harvey Elementary	EE-5 TH	137-901-105
	Perez Elementary	EE-5 TH	137-901-110
	Gillett Middle School	6 TH -8 TH	137-901-041
	Pogue Options Alternative Academy	6 TH -12 TH	137-901-005
	H.M. King Early College High School	9 TH -12 TH	137-901-001
Premont ISD	Premont Collegiate High School	6 th -12 th	125-905-001
	Premont Ernest H Singleton ECHS	EE-5th	125-905-101
Ricardo ISD	Ricardo Elementary School	EE-4 th	137-902-101
	Ricardo Middle School	9 th -12 th	137-902-041
Santa Gertrudis ISD	Santa Gertrudis School	PreK-8 th	137-904-101
	Santa Gertrudis Academy High School	9 th -12 th	137-904-001
Kenedy County Wide CSD	Sarita Elementary	EE-6 th	131-001-103