

RIVIERA ISD

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



Rooted in Tradition, Growing with Pride!

Non-Resident Student Transfer Application for Admission

Application for

Student Name

Address

City, State, Zip

Grade Level

Phone

FOR OFFICE USE ONLY:

Processed by Campus Committee _____

Application Process Completed _____

Add to Board Approval List _____

Parent Notification Date _____

RIVIERA ISD
Non-Resident 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 2020-2021 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 **Admission Application** in order to be reviewed by the committee:

- Current Report Card (Grades 1-12)
- Transcript (Grades 9-12)
- Attendance Records from 2018-2019 and 2019-2020 school years
- Discipline Records from 2018-2019 and 2019-2020 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 ISD

District Name

**Application for Transfer
Texas Education Agency
Division of Equal Education Opportunity**

137-903

County-District Number

2020 - 2021 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.

SEE BACK FOR CODES

| PRINT Student Name | | | Student Social Security # | Grade Level | In District Last Year? | Hispanic/Latino Y or N | Ethnic Code | County-District No. of Residence |
|--------------------|-------|----|---------------------------|-------------|-------------------------------------------------------------|------------------------|-------------|----------------------------------|
| LAST | FIRST | MI | | | | | | |
| | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |

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 _____

This section must be completed by the receiving District:

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

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.

Grade:

Enter the grade the student will be assigned during the 2020-2021 school year.

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.

Hispanic / Latino?

Enter the appropriate answer using the following:

Y = Yes

N = No

Ethnic Code:

Enter the appropriate code using the following designations:

- 1 - White
- 2 - Black / African American
- 3 - Asian
- 4 - American Indian / Alaskan Native
- 5 - Hawaiian / Pacific-Islander

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.

| <u>School District</u> | <u>County-District Number</u> | <u>Kingsville ISD Campus Numbers</u> | |
|------------------------|-----------------------------------|--------------------------------------|-------------------|
| Sarita/Kenedy Co.Wide | 131-001 | 101 (PK-5) | 041 (5-6) Gillett |
| Kingsville ISD | 137-901 | 101 (PK-8) | 041 (6-8) |
| Ricardo ISD | 137-902 | 001 (9-12) King HS | 107 (EE-1) Lamar |
| Santa Gertrudis ISD | 137-904 | 002 (9-12) KEYS | 105 (PK-1) Harvey |
| Falfurrias ISD | 024-901 | 003 (6-12) LASER | 109 (PK-1) Harrel |
| Premont ISD | 125-905 | 004 (9-12) Night | 106 (2-4) Kleberg |
| | | 042 (7-8) Memorial | 110 (2-4) Perez |

The student's Parent or Legal Guardian must sign this form.

The student's physical address must be provided.

A Post Office address will not be accepted.

**2020 - 2021
Application for Admission
Non-Resident Student**

NAME OF STUDENT _____ BIRTH DATE _____

STUDENT SOCIAL SECURITY NUMBER _____

NAME OF PARENTS/GUARDIAN _____

ADDRESS _____

CITY/ STATE/ ZIP _____

PHONE NUMBERS OF PARENTS/GUARDIAN:

WORK: _____ CELL: _____

HOME: _____ CELL: _____

GRADE LEVEL FOR 2018-2019: PK K 1 2 3 4 5 6 7 8 9 10 11 12

GRADE LEVEL FOR 2017-2018: PK K 1 2 3 4 5 6 7 8 9 10 11 12

RESIDENT DISTRICT _____

SCHOOL DISTRICT ATTENDED IN 2018-2019:

NAME OF SCHOOL _____

COMPLETE ADDRESS _____

TELEPHONE NO. _____

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

Gifted and Talented _____ ESL _____ 504 _____ Special Education _____

SPECIAL REQUIREMENTS OR COMMENTS:

For Office Use Only

The Student listed above has been: **approved** **denied.**

CAMPUS PRINCIPAL

SUPERINTENDENT OF SCHOOLS

DATE: _____

DATE: _____