

Grade Attending

Date Rec:

Time:

Due in our office by: May 15, 2008

STAFFORD MUNICIPAL SCHOOL DISTRICT

County-District Number 079-910

Application for Current Limited Open Enrollment Students

Please complete a separate form for each student.

Primary Elementary Intermedia Secundaria Preparatoria

Student's name: _____ Date of Birth: _____
Last First Middle

Student's SS#: _____ Student's ethnicity: _____ Female _____ Male

Native American Asian or Pacific Islander African American Hispanic White

Name of school attended this year: _____

Student's most recent grade level attended: _____

Name of school district in which you reside: _____

Name of school student would attend at present address: _____

School Code: _____ Date Enrolled: _____

Reason for transfer request: _____

Printed parent or guardian name: _____
Last First Middle

Street address: _____

City, state, zip code: _____

Home Phone: _____ Father work: _____ Mother work: _____

E-mail address: _____ Cell phone: _____

Please check the appropriate statements:

My child was enrolled or attended a disciplinary alternative education program (DAEP) during the present or last school year.

My child received the following services at the Stafford MSD:

- Gifted/Talented Program
- Title I Instruction
- Counseling
- Section 504 Placement
- Dyslexia Program
- Bilingual or English as a Second Language
- Pre-Kindergarten
- Special Education (please check all that apply)
- Speech Therapy
- Inclusion or Regular Education
- Content Mastery
- Physical Therapy
- Resource Room
- Self-contained Classroom
- Occupational Therapy
- Other: _____

My child received none of the services described above.

Date received at Adm.

MSD OUT-OF-DISTRICT ENROLLMENT

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

1. Annually, the superintendent may designate an open enrollment period that may be extended or re-opened.
2. Application for enrollment is subject to approval based on established administrative regulations.
3. The District shall then assign the student to the school requested based on available space and staff capacity.

A transfer shall not be approved that would limit the educational opportunities of resident students.

The Superintendent or Superintendent's designee has the authority to accept or reject any transfer request, provided that such action is without regard to race, ethnicity, religion, sex, disability, or national origin.

Transportation shall not be provided for inter-district transfer students.

REVOCAION The Superintendent or Superintendent's designee has the authority to revoke the transfer. Students who transfer into the District shall follow all rules and regulations of the District, including, but not limited to, District 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, if approved, this request is granted conditionally on student academic performance, conduct, and attendance.
- _____ I understand that parents are responsible for arranging transportation to school or to the nearest District bus route.
- _____ I understand that falsification of information is a Class A Misdemeanor and can lead to legal action.
- _____ I have received a copy of UIL eligibility requirements for athletic competition.
- _____ I understand that I will receive a copy of the policy and administrative rules and regulations regarding student transfers when I am notified of acceptance or non-acceptance.

Parent or Guardian signature

Date

For District Use Only

_____	_____	[] APPROVED	[] DISAPPROVED
Enrollment Committee Administrator	Date	[] APPROVED WITH STIPULATION	

Stipulation, if any: _____

School Assigned: _____

This transfer is effective for the _____ school year.

_____	_____	[] APPROVED	[] DISAPPROVED
Superintendent or Superintendent's designee's signature	Date	[] APPROVED WITH STIPULATION	

Date notification mailed from campus: _____