



Alief Independent School District
2019-2020
Limited Open Enrollment Transfer Application

Thank you for your interest in enrolling your child in Alief ISD through the Limited Open Enrollment program. Because the application process can take 7-10 business days to complete, it is imperative that your child remains enrolled at his/her current school until you receive confirmation that the transfer is approved.

When submitting your application, you must bring your child's 2018-2019 complete school records (August 2018 – Present). Applications will not be processed until all records are submitted to the Student Services office. Required documents include:

- 1. Completed Transfer Application**
- 2. Report Card/Grade Report**
- 3. Attendance Report**
- 4. Discipline Report**
If your child had no discipline issues, please ask the school to give you something in writing on school letterhead that states no discipline issues.
- 5. Most recent ARD document (only applicable if student receives Special Education Services)**

Applications should be submitted to:

Student Services
14051 Bellaire Blvd., Ste. 200
Houston, TX 77083



2019-2020 Limited Open Enrollment Transfer Application

Print Student Name: _____ Date of Birth: _____

Gender Male Female

Requested AISD Campus	Student's 2019-2020 Grade Level
Student's Zoned District (where home is located)	Student's Zoned Campus (where home is located)
District Student Last Attended	Campus Student Last Attended

Print Parent/Guardian Information

First Name: _____ Last Name: _____

Relationship to Student: _____

Street Address: _____

City, State, Zip Code: _____

Home Phone: _____ Cell Phone: _____

Reason for Transfer: _____

Please read the following sections carefully.

DAEP ASSIGNMENT

My child was enrolled, attended, or was assigned to a disciplinary alternative education program (DAEP) during the most recent school year and/or previous school year.

Yes No

If you answered yes, please describe the behavior that resulted in the assignment to a DAEP.

SPECIAL SERVICES

My child received the following services at his/her most recent school and/or the previous school year.

YES	NO		YES	NO	
		Bilingual			English as a Second Language Program
		Dyslexia Program			Gifted/Talented Program
		Pre-Kindergarten			Section 504 Placement
		RTI Behavior			

If you checked YES for any of the services above, please complete the following and provide school records describing the nature of the services received in the most recent school year and in the previous school year.

Current School or District: _____

Address: _____

City, State, Zip Code: _____

Contact Person: _____

SPECIAL EDUCATION

My child received the following services at his/her most recent school and/or the previous school year.

YES	NO	
		Speech
		Academic
		Behavior
		Other

If you answered YES to any of the above Special Education services, please describe.

If your child received Special Education Services, attach a copy of the most recent ARD document.

Alief Independent School District
Limited Open Enrollment Transfer Agreement
2019-2020

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

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

Transportation will not be provided for transfer students.

REVOCAION The Superintendent has the authority to revoke limited open enrollment transfers as provided in the transfer agreement. Students who transfer into Alief ISD shall follow all rules and regulations of Alief ISD, including, but not limited to, Alief ISD policies and regulations, the Student Code of Conduct, and attendance requirements. Failure to fulfill any of these responsibilities may result in the revocation of the transfer agreement.

Please initial the following:

- _____ I have included a copy of my child's report card, attendance record, discipline report, and ARD document (if applicable) for the previous school year.
- _____ I understand that, if approved, this request is granted conditionally on student behavior. This transfer can be revoked at any time including, but not limited to, during the school year, if my student is truant, accumulates more than 10 absences and/or excessive tardies.
- _____ I understand that transportation to and from the assigned school is my responsibility and my child CANNOT ride the bus.
- _____ I understand that I must apply annually for a limited open enrollment transfer for my child. Failure to do so will prevent my child from attending an Alief ISD school.
- _____ I understand that falsification of information is a Class A Misdemeanor, which can lead to legal action and will lead to revocation of this agreement.
- _____ I understand that the student will not be eligible for competitive UIL activities for one (1) year.
- _____ Once the student is enrolled in Alief ISD, I understand that Alief ISD must request records from my child's previous school. This transfer may be revoked if the records received contradict the information I provided with this application.

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

<u>FOR DISTRICT USE ONLY</u>	
<input type="checkbox"/> Approved	
<input type="checkbox"/> Denied	
_____ Signature	_____ Date