**Grandview – Hopkins ISD**

Grandview Hopkins ISD Office Use Only: Date Received:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Small School Setting with Big Results**

**NEW STUDENTS 2020-2021 INTER-DISTRICT STUDENT TRANSFER APPLICATION**

Grandview - Hopkins ISD Administration screens applications for inter – district student transfers. 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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s Full Legal Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Entry Grade Level: \_\_\_\_\_\_\_\_

Student’s Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student Age: \_\_\_\_\_\_\_\_\_

Student’s Social Security Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s Racial Group (Circle One): Black Hispanic White Other

Parent(s) Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Cell Phone(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Work Phone(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School District Where Student Currently Resides: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School District Currently Enrolled: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School District Enrolled in Last Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of School Currently Attending: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Has student attended school regularly in previous district(s): Yes:\_\_\_\_\_\_ No:\_\_\_\_\_\_\_

**Student Information**

If no, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Is student currently in good academic standing in previous district? Yes:\_\_\_\_\_ No:\_\_\_\_
2. Has student been assigned to a Disciplinary Alternative Education Program or In – School Suspension within the past three years? Yes:\_\_\_\_\_\_ No:\_\_\_\_

If “Yes,” please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. How many times has student changed schools within the past three years? \_\_\_\_\_\_\_\_\_\_
2. Does the student currently receive any special services? Yes:\_\_\_\_ No:\_\_\_\_

Including but not limited to Special Education, ESL, 504, or Speech.

**PLEASE NOTE:** For approval of the transfer into Grandview - Hopkins ISD, a copy of the following documentation must be attached to this application:

1. Student’s last report card from school most recently attended
2. Student’s birth certificate
3. Student’s immunization records
4. Student’s social security card
* I understand that if my student is permitted to attend Grandview - Hopkins ISD as a transfer student, I will be required to execute an Agreement for Inter – District Student Transfers and that such Agreement is only valid through the end of the current school year.

**Parent Understanding and Attestation**

**Parent**

Parent Initial**: \_\_\_\_\_\_\_\_\_**

* I understand that if my student is permitted to attend Grandview - Hopkins ISD and subsequently becomes a discipline problem, his/her grades fall below Grandview - Hopkins ISD standards, is habitually absent, or violates any provision of the Agreement for Inter – District Student Transfers, he/she may be involuntarily withdrawn by school officials from enrollment in Grandview - Hopkins ISD, and I must enroll the student in some other school immediately.

Parent Initial: \_\_\_\_\_\_\_\_\_

* I hereby attest that the information provided in this application for inter – district transfer is accurate and truthful, and I completely understand that if my student is permitted to attend Grandview - Hopkins ISD as a transfer student and the administration of the District discovers that any information herein provided is not accurate or truthful, his/her transfer may be revoked, and he/she will be immediately withdrawn from Grandview - Hopkins ISD.

Parent Initial: \_\_\_\_\_\_\_\_\_\_

**Grandview - Hopkins Independent School District**

**Agreement for Inter – District Student Transfers**

Students who transfer to Grandview - Hopkins 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. Grandview - Hopkins ISD retains the right to accept or reject any and all transfer applications, based on an individual evaluation of:

* + Grades
	+ Attendance
	+ Test Scores
	+ Disciplinary history
	+ Potential adverse effect of the transfer on the financial well – being of the district

 Acceptance or rejection of a student transfer shall not be made with regard to race, religion, color, sex, disability, or national origin.

Inter – district transfer students accepted and enrolled in Grandview - Hopkins ISD are screened annually to confirm their continued eligibility for transfer status for the next school year. The transfer student’s grades, attendance, test scores, disciplinary history, and resolution of outstanding balances with GHISD are the primary factors to be considered for maintaining a student’s inter – district transfer. These factors may be considered at any time during the school year by Grandview - Hopkins ISD administration, and may result in a revocation of the student’s transfer status at any time during the school year.

A student’s transfer may be revoked during the school year if any of the following minimum requirements are not met:

1. The student shall maintain at least a 90% attendance rate.
2. The student shall maintain at least a 70 average in each of his/her classes.
3. The student shall meet all applicable STAAR or other exit-testing requirements.
4. The student shall not have more than three (3) discipline referrals to the office per year.
5. The student shall not engage in chronic minor violations of the Student Code of Conduct, including, but not limited to, repeated tardiness or dress and grooming code violations.
6. The student shall not engage in any single major violation of the Student Code of Conduct, i.e., one that is punishable by placement in a Disciplinary alternative Education Program, suspension or expulsion.
7. The student shall not engage in any gang – related activity.
8. The parent of student must keep and maintain a current working phone number with the District. The district’s inability to contact the parent by phone regarding his/her student due to an incorrect, disconnected, or non-working phone number or any other reason may result in the student’s transfer being revoked.

Should any of these instances occur, the Grandview - Hopkins ISD administration will determine the future status of the student’s transfer. If the transfer is revoked, the parent and the district of the student’s residence will be notified, and the student must be immediately re-enrolled in the home district or another district of the parent/guardian’s choice, if available. A revocation of a transfer shall be effective on the date notice of the revocation is mailed to the parent/guardian. If the student and/or parent disagree with the decision of the administration, a conference with the appropriate administrator may be requested in accordance with District policy FNG(Local). The conference will be scheduled in accordance with policy FNG(Local). The student’s revocation shall be in effect pending the dispute resolution process.

***I/We*, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, parent/guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (student) understand and accept the conditions for an inter-district transfer as set forth in this agreement.**

 ***I hereby request that the student herein named be permitted to attend Grandview - Hopkins ISD as an inter–district transfer student.***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Signature Date

**GHISD Use Only**

**Parent**

|  |
| --- |
| **The above transfer was Approved Not Approved****On this \_\_\_\_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_ of 20\_\_\_\_\_\_\_\_\_\_\_\_.** |
|  |
| **Superintendent/Designee** | **Date** | **Telephone**806-669-3831 |
|  |  |  |

**Grandview – Hopkins Independent School District**

**Student Residency Questionnaire**

**Parent**

|  |  |
| --- | --- |
| Student Name: |  Male Female Birth Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Social Security #: |
| Current Address: (Include City, State, and Zip): | Telephone #: |
| Previous Address: (Include City, State, and Zip): | Country: | Cell Phone #: |
| Last School Attended: | Last Date Attended: | Grade level: |
| Name of person with whom student resides: |  Parent Legal Guardian (granted only by a court) Unaccompanied Youth Caregiver (examples: friends, relatives, etc.)  |
| Signature: | Date: |

***Presenting a false record of falsifying information for enrollment purposes is an offense under Section 37.10, Penal Code. Enrollment of the child under false documents subjects the person to liability for tuition or other costs. TEC 25.002(3)(d).***

**This questionnaire is intended to address the McKinney-Vento Homeless Education Assistance Improvements Act (42 U.S.C 11435). The answers to this residency information help determine the services the student may be eligible to receive.**

1. Is the student’s current address a temporary living arrangement? Yes No
2. Is this temporary living arrangement due to loss of housing, economic hardship, or other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_?

 Yes No

**If you answered YES to both of the above questions, please complete the remaining portion of the form. If you answered NO, to either question 1 or 2, skip questions 3, 4, and 5.**

1. Where is the student presently living? (Please check one box)

 In a hotel/motel

 In a shelter

 In the home of a friend/relative due to loss of housing (*examples: fire, flood, lost job, divorce, eviction, etc.)*

 In a place not designed for ordinary sleeping accommodations such as a car, park, or campsite

 Moving from place to place due to loss of housing *(examples: fire, flood, lost job, divorce, eviction, etc.)*

1. Natural Disaster Relief Student: Yes No

 Tornado, storm, flood, etc.

Hurricane, Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Fire: prairie, forest, grass, lightning strike, etc.

1. Please provide the following information for school-age siblings (brothers and/or sisters) of the student:

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Grade level** | **School** | **District** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**District Use Only**

**Parent**

|  |
| --- |
|  **Student qualifies as homeless. Student does NOT qualify as homeless.** |
| Signature of Homeless Liaison: Date: |
| Comments: |

**Grandview – Hopkins ISD**

**Small School Setting with Big Results**

**Texas Education Agency**

**Division of Bilingual Education**

**Home Language Survey**

**Grades K – 8**

Name of Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Campus: Grandview - Hopkins Elementary School

To be filled in by parent or guardian:

1. What Language is spoken in your home most of the time? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. What Language does your child speak most of the time? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of parent or guardian Date

Questionario De Idioma Hogareno

Estado De Texas

 Grados K – 8

Nombre del Nino \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grado \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Escuela: Grandview - Hopkins Elementary School

Debe de completarse por el padre o guardian:

1. Cual es el idioma que mas se hable en su hogar? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Cual es el idioma que mas habla su niño (a)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Frima del padre o guardian Fecha

**Grandview – Hopkins ISD**

**Small School Setting with Big Results**

**PARENT/GUARDIAN AUTHORIZATION FOR RELEASE OF SCHOOL RECORDS**

**Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Present School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Current Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***I hereby authorize you to release my child’s school records to Grandview - Hopkins Independent School District. I understand that any information you release will be confidential between the sending school and Grandview - Hopkins Independent School District.***

**Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**To the School Principal or Registrar:**

Please send Grandview Hopkins ISD the following records:

* Current grade report(s)
* Report cards of previous years
* Current attendance record
* Standardized test(s) results
* Health records
* Discipline records
* At-Risk information
* Special education records