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 __________

Parent Notification Date __________
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 Admission Application in order to be reviewed by the committee:

- Current Report Card (Grades 1-12)
- Transcript (Grades 9-12)
- Attendance Records from 2019-2020 and 2020-2021 school years
- Discipline Records from 2019-2020 and 2020-2021 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.
2021-2022 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

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 361-296-3101

Superintendent’s Signature ________________________________________________
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 2021-2022 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.

<table>
<thead>
<tr>
<th>School District</th>
<th>County-District Number</th>
<th>Kingsville ISD Campus Numbers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sarita/Kenedy Co.Wide</td>
<td>131-001</td>
<td>101 (PK-5)</td>
</tr>
<tr>
<td>Kingsville ISD</td>
<td>137-901</td>
<td>101 (PK-8)</td>
</tr>
<tr>
<td>Ricardo ISD</td>
<td>137-902</td>
<td>001 (9-12) King HS</td>
</tr>
<tr>
<td>Santa Gertrudis ISD</td>
<td>137-904</td>
<td>002 (9-12) KEYS</td>
</tr>
<tr>
<td>Falfurrias ISD</td>
<td>024-901</td>
<td>003 (6-12) LASER</td>
</tr>
<tr>
<td>Premont ISD</td>
<td>125-905</td>
<td>004 (9-12) Night</td>
</tr>
</tbody>
</table>

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.
2021 - 2022
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 2020-2021: PK K 1 2 3 4 5 6 7 8 9 10 11 12
GRADE LEVEL FOR 2019-2020: PK K 1 2 3 4 5 6 7 8 9 10 11 12

RESIDENT DISTRICT _____________________________________________________________________________

SCHOOL DISTRICT ATTENDED IN 2020-2021:

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:________________________