

**Spring Branch Independent School District
Agenda Item Information**

Date of Board Meeting: May 19, 2008

Subject: Adoption of Policy: FD (LOCAL) ADMISSIONS

Administrator Responsible:

Name: Diane Jackson, Ed.D.

Position: Policy Administration & Governmental Relations

Purpose of Agenda Item:

Information only Action needed Report

Additional Information and/or Back-Up:

Recommend adoption of policy FD (LOCAL) ADMISSIONS.

Copy is attached.

ADMISSIONS

FD
(LOCAL)

REGISTRATION
FORMS

Appropriate registration forms shall be completed annually and signed by the student's parent, legal guardian, or other person having lawful control. Students who have reached age 18 shall be permitted to complete and sign these forms themselves.

DESIGNATION OF
PERSON STANDING IN
PARENTAL RELATION

A minor student residing in the District whose parent or legal guardian, or other person having lawful control under a court order does not reside in the District shall present a Determination of Residency form [EXHIBIT A] completed by an adult resident of the District.

MINOR LIVING APART

A minor student whose parent, guardian, or other person with lawful control under a court order does not reside in the District and who has established a separate residence in the District, shall not be admitted if: during the preceding calendar year:

1. The student was placed in a disciplinary alternative education program or expelled;
2. The student is on probation or conditional release for delinquent conduct or conduct indicating a need for supervision; or
3. The student is on probation or conditional release following conviction of a criminal offense.

RESIDENCY
REVIEW

The Superintendent or designee shall determine whether a minor student residing in the District separate and apart from a parent, guardian, or other person having lawful control is present in the District for the primary purpose of participating in extracurricular activities.

The Superintendent's determination may be appealed to the Board under FNG(LOCAL) or GF(LOCAL), as appropriate, beginning at Level Three, by making a written request to the Superintendent.

NONRESIDENT
STUDENT IN
GRANDPARENT'S
AFTER-SCHOOL CARE

The parent and grandparent of a nonresident student requesting admission under Education Code 25.001(b)(9) shall provide annually to the Superintendent or designee the required information on the grandparent's residency and complete a form [EXHIBIT E] provided by the District describing the extent of after-school care to be provided by the grandparent.

The Superintendent or designee shall have authority to approve such admissions requests in accordance with criteria approved by the Board.

SUBSTANTIAL CARE

The definition of substantial care is provided in FD (REGULATION). This definition shall not be changed without consultation with the Board.

ADMISSIONS

FD
(LOCAL)

PLACEMENT
ACCREDITED
SCHOOLS

Students entering a District school from accredited public, private, or parochial schools after grade 1 shall provide evidence of prior schooling outside the District. They shall be placed initially at the grade level reached elsewhere, pending observation by the classroom teacher, guidance personnel, and the principal. On the basis of these observations and results of tests that may be administered by appropriate District personnel, the principal shall determine the final grade placement.

NONACCREDITED
SCHOOLS

For the purposes of this policy, "accredited" shall be defined as accreditation by TEA, an equivalent agency from another state, or an accrediting association recognized by the Commissioner of Education. Students entering a District school from nonaccredited public, private, or parochial schools, including homeschools, shall be placed initially at the discretion of the principal, pending observation by classroom teachers, guidance personnel, and the principal. Criteria for placement may include:

1. Scores on achievement tests, which may be administered by appropriate District personnel.
2. Recommendation of the sending school.
3. Prior academic record.
4. Chronological age and social and emotional development of the student.
5. Other criteria deemed appropriate by the principal.

TRANSFER
CREDIT

The District shall validate high school credit for courses of transfer students from nonaccredited public, private, or parochial schools by testing or by other evidence that the courses meet State Board requirements and standards.

WITHDRAWAL

Minor students may withdraw from school by presenting a request signed by the student's parent or guardian and stating the reason for the withdrawal. Students 18 or older may request withdrawal without a parent's or guardian's signature. [For District withdrawal of students no longer in attendance, see FEA(LOCAL)]

DAY TREATMENT
STUDENTS

Students who attend treatment centers within the District but reside neither within the District nor at the treatment center shall not be considered residents of the District for school attendance purposes.

PERMISSIVE
ATTENDANCE

A student not eligible to enter first grade under provisions of the Education Code may be assigned to first grade before age six. The attendance of the student shall be maintained on a kindergarten register even though the student is receiving first grade instruction. Such assignments shall be the decision of each campus administration after a period of observation and shall be made with the consent of the student's parent or guardian. [See EEJB]

Spring Branch ISD
101920

ADMISSIONS

FD
(LOCAL)

INITIAL ENROLLMENT
IN PUBLIC SCHOOLS

Students who are five, six, or seven years of age and have not previously been enrolled in a public school may be considered for enrollment in prekindergarten, kindergarten, or first grade. Such assignments shall be the decision of each campus administration, be based on multiple criteria, and made with the consent of the student's parent or guardian.

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LDU 2008.02
FD(LOCAL)-X

3 of 3

See the following pages for forms relating to student enrollment:

- Exhibit A: Application for Determination of a Minor's Residence — 3 pages
- Exhibit B: Solicitud para la Determinación de la Residencia de un menor — 3 pages
- Exhibit C: Proof of Residency — 2 pages
- Exhibit D: Prueba de Residencia — 2 pages
- Exhibit E: Affidavit of Student Admission Information (For Nonresident Student in a Grandparent's After-School Care) — 2 pages

Exhibit A

APPLICATION FOR DETERMINATION OF RESIDENCE OF A MINOR APART
FROM THAT OF THE PARENT, LEGAL GUARDIAN, OR
OTHER PERSON HAVING LAWFUL CONTROL UNDER COURT ORDER

This application must be submitted for each person (hereafter called "student") under 18 years of age who claims a residence in the Spring Branch Independent School District separate and apart from the residence of the student's parent, legal guardian, or other person having lawful control of the student under an order of a court (hereafter called "parent, legal guardian, or court custodian," whether there is one or more).

There are civil and criminal penalties for knowingly providing false information on a student enrollment form, including payment of tuition and criminal sanctions. [See Texas Penal Code 37.10 and Texas Education Code 25.001(h) and (i)]

(Please print)

1. Name of Student: _____
Age: _____ Sex: Male Female Grade Level: _____

2. Student's grade level in the last school attended and name of that school:
Name of Last School Attended: _____
City/State: _____ Grade Level: _____

3. Name of parent, legal guardian, or court custodian of student. (If there is more than one, name each and designate status.)

Address of parent, legal guardian, or court custodian of student. (Include apartment number if applicable.) _____

4. Where does student reside within the Spring Branch ISD? (Address: include apartment number if applicable) Proof of residency as defined in policy FD(LOCAL) is required.

5. Name of person(s) with whom student is residing within the Spring Branch ISD.

6. Relation of student to person(s) with whom he or she is residing in the Spring Branch ISD. (If no relation, state "None")

7. Will the person(s) with whom the student will be residing within the Spring Branch ISD assume parental responsibility for the student (insofar as the Spring Branch ISD is concerned) regarding matters that are customarily communicated with the parent, guardian, or court custodian? These responsibilities include but are not limited to issues relating to illness, medical treatment, truancy, disciplinary problems, grade reporting, emergency notification, and obtaining permission to attend field trips, and other activities of the District.
 Yes No

ADMISSIONS

FD
(EXHIBIT)

Exhibit A (Continued)

1. When did the student start residing at the address shown above (question #4) in the Spring Branch ISD? _____ Month _____ Day _____ Year
2. Why did the student start residing at such address in the Spring Branch ISD?

3. Has the student engaged in conduct that resulted in removal to an alternative education program or expulsion within the preceding year? Yes No
4. Has the student engaged in delinquent conduct or conduct indicating a need for supervision and is on probation or other conditional release for conduct? Yes No
5. Has the student been convicted of a criminal offense and is on probation or other conditional release? Yes No
6. With whom does the student spend most weekends? _____
7. Does the parent, guardian, or court custodian contribute to the support of the student?
 Yes No
8. Does the custodial parent pay the major portion of the support of the student?
 Yes No If not, who does? _____
9. Where does the student intend to reside after completing the current school year?

10. Does the student intend to remain in the Spring Branch ISD temporarily? Yes No
If so, for how long? _____
11. Does the student intend to remain in the Spring Branch ISD indefinitely?
 Yes No
12. Are there future plans as to where the student and the parent, guardian, or court custodian will live? Yes No If yes, state the plans:

13. Please give any additional information that indicates why the student is residing in the Spring Branch ISD.

Signature of Person Assuming Parental Responsibility

_____ Date

APPROVED: _____
Administrator's Signature

_____ Date
3/25/08

Spring Branch ISD
101920

ADMISSIONS

FD
(EXHIBIT)

Exhibit A (Continued)

ASSUMPTION OF PARENTAL RESPONSIBILITY

State of Texas
County of Harris

Before me, a notary public, on this day personally appeared _____
_____ known to me to be the person
whose name is subscribed to the foregoing document and, being by me first duly sworn, declared
that the statements therein contained are true and correct.

Give under my hand and seal of office this _____ day of _____, 20__.

Notary Public, State of Texas

Typed/Printed Name of Notary

My Commission Expires: _____

Spring Branch ISD
101920

ADMISSIONS

FD
(EXHIBIT)

EXHIBIT B

SOLICITUD PARA LA DETERMINACIÓN DE LA RESIDENCIA DE UN MENOR DIFERENTE A LA DE
LOS PADRES, TUTOR LEGAL U

OTRA PERSONA QUE TENGA CUSTODIA LÍCITA DE ACUERDO A UNA ORDEN JUDICIAL

Esta solicitud debe ser entregada a cada persona (de aquí en adelante llamada "estudiante") menor de 18 años de edad quien reclame residencia en el Distrito Escolar Independiente de Spring Branch que esté separada y aparte de la residencia del padre, tutor legal u otra persona que tenga control lícito del estudiante de acuerdo a una orden judicial (de aquí en adelante llamada "padre, tutor legal, o representante legal", ya sea uno o más).

Hay sanciones civiles y criminales por deliberadamente dar información falsa en el formulario de inscripción de un estudiante, que incluye el pago de colegiatura y sanciones criminales. [Ver 37.10 del Código Penal de Texas y 25.001(h) y (i) del Código de Educación de Texas]

(Escriba con letra de imprenta, por favor)

1. Nombre del estudiante: _____

Edad: _____ Sexo: Masculino Femenino Nivel de Grado: _____

2. Nivel de grado del estudiante en la última escuela que asistió, y nombre de esa escuela:

Nombre de la última escuela a la que asistió: _____

Ciudad/Estado: _____ Nivel de grado: _____

3. Nombre del padre, tutor legal o representante legal del estudiante. (Si hay más de uno, nombre cada uno y su estado designado).

Dirección del padre, tutor legal o representante legal del estudiante. (Incluya el número de departamento si es aplicable). _____

4. ¿Dónde vive el estudiante dentro del Spring Branch ISD? (Dirección: Incluya el número de departamento si es aplicable) Se requiere una prueba de residencia, tal como se define en la política FD (LOCAL).

5. Número de personas con las que vive el estudiante dentro del Spring Branch ISD.

6. Parentesco del estudiante con las personas que vive en el Spring Branch ISD. (Si no hay parentesco, escriba "Ninguno").

7. ¿Asumirán las personas con las que el estudiante estará viviendo dentro del Spring Branch ISD responsabilidad de padres con el estudiante (en la medida que el Distrito Escolar Independiente de

Spring Branch ISD
101920

ADMISSIONS

FD
(EXHIBIT)

Spring Branch esté interesado) con respecto a los asuntos que las autoridades escolares comuniquen habitualmente con el padre, tutor o representante legal?

Estas responsabilidades incluyen, pero no se limitan a los asuntos relacionados con enfermedades, tratamiento médico, ausentismo escolar, problemas de disciplina, informes de calificaciones, avisos de emergencia y obtención de permisos para asistir a viajes de campo y otras actividades del Distrito Escolar.

Sí No

Anexo A (Continuación)

1. ¿Cuándo comenzó a vivir el estudiante en la dirección mostrada arriba (pregunta número 4) en el Spring Branch ISD?

_____ Mes _____ Día _____ Año

2. ¿Por qué el estudiante comenzó a vivir en tal dirección en el Spring Branch ISD?

3. ¿Se ha involucrado el estudiante en conductas que resulten en cambio a un programa de educación alterna o expulsión dentro del año precedente?

Sí No

4. ¿Ha participado el estudiante en conducta delictiva o conducta que indique una necesidad de supervisión y esté bajo un periodo de prueba u otra liberación condicional a causa de su conducta?

Sí No

5. ¿Ha estado el estudiante convicto por un delito penal y está bajo un periodo de prueba o bajo otra liberación condicional?

Sí No

6. ¿Con quiénes pasa el estudiante la mayoría de los fines de semana?

7. ¿Contribuye el padre, tutor o representante legal al apoyo económico del estudiante?

Sí No

8. ¿Paga el padre custodia la mayor parte del sostén económico del estudiante?

Sí No Si contestó no, ¿quién lo hace? _____

9. ¿Dónde intenta residir el estudiante después de terminar el año escolar actual?

10. ¿Intenta el estudiante permanecer temporalmente en el Spring Branch ISD? Sí No
Si es así, ¿por cuánto tiempo? _____

11. ¿Intenta el estudiante permanecer indefinidamente en el Spring Branch ISD?

Sí No

12. ¿Hay planes futuros de dónde va a vivir el estudiante y el padre, tutor o representante legal?

3/25/08

2 de 3

Spring Branch ISD
101920

ADMISSIONS

FD
(EXHIBIT)

Sí No Si contestó afirmativamente, exponga los planes:

13. Por favor, proporcione información adicional que indique por qué el estudiante está viviendo en el Spring Branch ISD.

Firma de la persona que está asumiendo la Responsabilidad de los Padres

Fecha

APROBADO: _____
Firma del Administrador

Fecha

Anexo A (Continuación)

ASUNCIÓN DE LA RESPONSABILIDAD DE LOS PADRES

Estado de Texas
Condado de Harris

Ante mí, un notario público, en este día compareció personalmente _____
_____ sabido por mí ser la persona
cuyo nombre está suscrito en el presente documento y debidamente juramentado declaró
que las declaraciones contenidas en este documento son verdaderas y correctas.

Extendido bajo mi firma y sello de oficina, este día _____ de _____ de 20_____.

Notario Público, Estado de Texas

Nombre del Notario impreso/escrito a máquina

Mi comisión expira: _____

EXHIBIT C

PROOF OF RESIDENCY
SCHOOL YEAR 20__-20__

Proof of Residency is used for the sole purpose of verifying residence in Spring Branch for parents who are not able to provide proof of residency in their own name.

Name of Parent(s): _____

Name of Student: _____ Age ____ Grade ____ School _____

Name of Student: _____ Age ____ Grade ____ School _____

Name of Student: _____ Age ____ Grade ____ School _____

Name of Student: _____ Age ____ Grade ____ School _____

Reason for Proof of Residence:

Apartment Residency Not on Lease (fill in # 1)

A Home Occupant — living with someone who owns his/her own home (fill in # 2)

Rents or Leases from an individual without a contract (fill in # 3)

Apartment (#1)

Name of Person(s) who leased the apartment: _____

Name of Apartments: _____

Address: _____ Apt. # ____ Zip Code ____ Phone # _____

Date Lease Begins: (must be current) _____ Date Lease Ends: _____

*Attach a copy of apartment lease verifying the above information.

Home (# 2)

Name of Owner(s): _____

Address: _____ Zip Code ____ Phone # _____

*Attach a copy of the mortgage or tax statement verifying the above information.

Renting or Leasing (# 3)

Name of Owner(s): _____

Address: _____ Zip Code ____ Phone # _____

Date Lease Begins: (must be current) _____ Date Lease Ends: _____

*Attach a copy of the mortgage or tax statement verifying the above information.

Spring Branch ISD
101920

ADMISSIONS

FD
(EXHIBIT)

I verify that the above family is currently residing with me or leasing from me. I understand that a person who knowingly falsifies information on this form required for a student's enrollment in a Texas public school will be liable to the District for the tuition fee established by the Board and/or court costs or the amount the District has budgeted per student as maintenance and operating expenses, whichever is greater. (Education Code 21.031) (Penal Code 37.10)

Signature of Owner/Lessor: _____ Date: _____

STATE OF TEXAS
COUNTY OF HARRIS

SWORN TO and subscribed before me on the _____ day of _____, _____.

SEAL

Signature of Notary Public or School Official
My commission expires: _____

EXHIBIT D

PRUEBA DE RESIDENCIA
AÑO ESCOLAR 20____-20____

La prueba de residencia se usa con el único propósito de verificar la residencia en Spring Branch para los padres que no pueden dar prueba de residencia en su propio nombre.

Nombre(s) del Padre(s): _____

Nombre del estudiante _____ Edad ____ Grado ____ Escuela _____

Nombre del estudiante _____ Edad ____ Grado ____ Escuela _____

Nombre del estudiante _____ Edad ____ Grado ____ Escuela _____

Nombre del estudiante _____ Edad ____ Grado ____ Escuela _____

Razón para la prueba de residencia:

Residencia de departamento que no está en renta (llenar en # 1)

Ocupante de casa - vive con alguien que posee su propia casa (llenar en # 2)

Renta o alquiler a un individuo sin un contrato (llenar en # 3)

Departamento (# 1):

Nombre(s) de la(s) persona(s) quien(es) renta(n) el departamento: _____

Nombre de los Departamentos: _____

Dirección: _____ Dept. # ____ Código Postal ____ Teléfono # _____

Fecha del alquiler comienza: (debe estar al corriente) _____ Fecha de alquiler termina: _____

*Anexe una copia de la renta del departamento, para verificar la información anterior.

Casa (# 2):

Nombre del propietario(s): _____

Dirección: _____ Dept. # ____ Código Postal ____ Teléfono # _____

*Anexe una copia de la hipoteca o estado de cuenta de los impuestos para verificar la información anterior.

Renta o alquiler (# 3):

Nombre del propietario(s): _____

Dirección: _____ Dept. # ____ Código Postal ____ Teléfono # _____

Fecha del alquiler comienza: (debe estar al corriente) _____ Fecha de alquiler termina: _____

*Anexe una copia de la hipoteca o estado de cuenta de los impuestos para verificar la información anterior.

Spring Branch ISD
101920

ADMISSIONS

FD
(EXHIBIT)

Confirmando que la familia mencionada arriba está residiendo actualmente conmigo o le estoy rentando. Entiendo que una persona, que deliberadamente falsifica información en esta forma requerida para la inscripción de un estudiante en una escuela pública de Texas, será responsable ante el distrito por la colegiatura, establecido por la mesa directiva, y/o los costos de la corte o la cantidad que el distrito haya presupuestado por estudiante como gastos de mantenimiento y operación, lo que sea mayor. (Código de Educación 21.031) (Código Penal 37.10)

Firma del Propietario/Arrendador _____ Fecha: _____

ESTADO DE TEXAS
CONDADO DE HARRIS

JURADO y firmado ante de mí, el día _____ de _____ de _____.

SELLO

Firma del Notario Público o Funcionario Escolar
Mi comisión expira: _____

Spring Branch ISD
101920

ADMISSIONS

FD
(EXHIBIT)

Exhibit E

FOR SCHOOL YEAR _____

AFFIDAVIT OF STUDENT ADMISSION INFORMATION
(FOR NONRESIDENT STUDENT IN A RESIDENT GRANDPARENT'S AFTER-SCHOOL CARE)

NOTICE TO PERSON ENROLLING THE STUDENT: A person who knowingly falsifies information on a form required for a student's enrollment in the District will be liable to the District for tuition or other costs, as provided in Education Code 25.001(h), if the student is not eligible for enrollment but is enrolled on the basis of false information. In addition, presenting false information or false records is a criminal offense under Penal Code 37.10.

To be completed annually by the parent or legal guardian:
I am over 18 years of age and am legally competent to testify. I have personal knowledge of the facts set forth herein, and they are true and correct.

1. My name is _____ . I am the parent or legal guardian of _____ for whom I am requesting admission to the _____ School District under Education Code 25.001(b)(9).
2. This child and I reside at _____ in the _____ School District. My telephone number is _____.
3. This child is _____ years of age on September 1 of this scholastic year and currently attends _____ in that district.
4. This child's grandparent, _____, will provide my child after-school care as follows:
 - a. Actual hours per day: _____ a.m./p.m. to _____ a.m./p.m.
 - b. Number of school days per week: _____
 - c. Months that the child's grandparent will provide this care: _____
5. I agree to notify the Superintendent within three school days of any changes to the after-school care described above.
6. I (do) (do not) authorize the employees of the _____ School District to contact the child's grandparent identified below for nonemergency purposes.

Contact for emergency purposes will be as I have indicated on the District's Emergency Contact Information Card.

Signature of (parent/guardian) Affiant _____

DATE ISSUED: 11/30/2007
LDU 2007.19
FD(EXHIBIT)-X

1 of 2

Spring Branch ISD
101920

ADMISSIONS

FD
(EXHIBIT)

Typed or Printed Name of Affiant _____

BEFORE ME, the undersigned notary public, personally appeared _____
and _____, known to me to be the persons whose names
are subscribed below, who, upon being duly sworn, stated:

STATE OF TEXAS
COUNTY OF _____
SUBSCRIBED AND SWORN TO BEFORE ME on this the _____ day of
_____, _____.

Notary Public, State of Texas

To be completed annually by the grandparent who will provide after-school care:

I am over 18 years of age and am legally competent to testify. I have personal knowledge of
the facts set forth herein, and they are true and correct.

1. My name is _____. I am the grandparent of this child.

2. I reside at _____
in the _____ School District. My telephone number is
_____.

3. I will assume responsibility for the supervision of this child for the purpose of providing
after-school care as described in item 4 above.

4. I agree to notify the Superintendent within three school days of any changes to the after-
school care described above.

Signature of (grandparent) Affiant _____

Typed or Printed Name of Affiant _____

BEFORE ME, the undersigned notary public, personally appeared _____
and _____, known to me to be the persons whose names
are subscribed below, who, upon being duly sworn, stated:

STATE OF TEXAS
COUNTY OF _____
SUBSCRIBED AND SWORN TO BEFORE ME on this the _____ day of
_____, _____.

Notary Public, State of Texas

DATE ISSUED: 11/30/2007
LDU 2007.19
FD(EXHIBIT)-X

2 of 2