

**Fort Bend Independent School District
 2016-17 COMMITMENT LETTER TO REMAIN AT PREVIOUSLY ZONED CAMPUS
 (also referred to as GRANDFATHERING AGREEMENT)
 Applicable only for Students Entering Grade 5 in 2016-17
 Application Window: February 8 – 26, 2016**



PLEASE PRINT information; complete all sections; sign; and date. This form is to be returned to the Department of Student Affairs.

STUDENT'S Full Name: Last		First		MI	STUDENT ID#
PARENT'S Full Name: Last		First		MI	
RESIDENCE STREET ADDRESS			APT #	STUDENT'S BIRTH DATE	2016-17 GRADE LEVEL
CITY AND ZIP CODE:	HOME PHONE:	WORK/CELL PHONE	E-MAIL ADDRESS		

REASONS FOR APPROVAL OF GRANDFATHERING AGREEMENT	REASONS FOR DENIAL
<p>Please mark only one box below:</p> <p><input type="checkbox"/> Student was affected by attendance boundary zone changes approved by the Board of Trustees January 26, 2015. Student is entering grade 5 and was enrolled in the previously zoned campus during the 2015-16 school year. Student is requesting to remain at the previously zoned campus for the 2016-17 school year.</p> <p>Please note: The student <u>will not</u> be eligible for District provided transportation.</p> <p>Campus Requested for 2016-17: _____</p> <p>Eligible campuses include: APE, CBE, SWE and CWE only</p> <p><input type="checkbox"/> I request that my child attend his/her zoned campus (Commonwealth/Sullivan ES) for 5th grade.</p> <p>* Please note: If this form is not received by the Department of Student Affairs by February 26, 2016, your rising 5th grade (current 4th grade) child will attend his/her zoned campus for 5th grade and no longer have the option to Grandfather at his/her current campus for the 2016-17 school year.</p>	<p>Reasons for denying this application shall include, but are not limited to:</p> <ol style="list-style-type: none"> 1. The elementary campus exceeds 120% of projected enrollment for 2016-17 (grade 5 applicants only). 2. Falsification of any information on or for this application. 3. Failure to provide enrollment information or documentation required by the District.
Parent/Guardian Comments:	Date Application Received in Dept. Student Affairs

Agreement

In signing this application, I agree that all of the information I am providing to FBISD is true and accurate and that I agree to all of the conditions set forth within this application, all those written in District procedures, and all School Board policy governing student enrollment.

1. I am aware that my child may only be approved for only one *grandfathering agreement*. Should my student return to his/her zoned school, the student will not be permitted to apply for another *grandfathering agreement*.
2. The falsification of any information provided on this application or on my student's school registration documents will be grounds for denying this application.
3. For fifth grade students, I understand that I am responsible for my student's transportation to/from school. District transportation will not be provided.

Acknowledgement Statement and Parent/Legal Guardian Signature	
I confirm by my signature below that I have read and acknowledge the information related to the FBISD <i>grandfathering</i> application process, as well as items 1-3 listed above under <i>Agreement</i> . In signing this form, I also agree to all of the conditions set forth within the <i>grandfathering</i> process as stated on this form, in District procedures, and in School Board policies.	
Signature of Parent/Legal Guardian:	Date:

SPACE BELOW FOR DEPARTMENT OF STUDENT AFFAIRS USE ONLY

VERIFICATION <input type="checkbox"/> Enrollment at previously zoned campus in 2015- 16 (grades 5 applicants) DATE/INITIAL _____	<input type="checkbox"/> APPROVAL <input type="checkbox"/> DENIAL	SIGNATURE 	DATE
COMMENT(S) 			

<input type="checkbox"/> Entered onto spreadsheet	<input type="checkbox"/> Email	<input type="checkbox"/> Headcount	<input type="checkbox"/> Update decision onto spreadsheet
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Dept. Student Affairs/January 2016