

In/Out of District Transfer -Talkington SYWL

Magnet/Specialty School of Choice Program 2021-2022

Talkington SYWL 415 N. Ivory Lubbock, TX 79403

Lubbock Independent School District 1628 19th St. Lubbock, TX 79401

Complete the online registration as well as return this packet to Talkington by the **January 29, 2021 deadline.**

| | | | | | | |
|--|---|--|---|--|---------------------------------|--|
| Student's Full Name: | | Last: | First: | Middle: | Student's Date of Birth: | |
| | | | | | Month | Day |
| | | | | | Year | |
| Address: | | | City | State | Zip | Out of District (Student Does NOT reside in Lubbock ISD) |
| | | | | | | <input type="radio"/> Yes <input type="radio"/> No |
| Current Campus: | Current Grade Level: | Secondary Home Campus: | Transfer Campus: | Grade Level for Transfer: | | |
| | | | Talkington SYWL | | | |
| Student has a sibling currently in attendance at Talkington SYWL. | | | | | | |
| Name of Sibling: | | | Sibling's Current Grade Level: | | | |
| LISD Student ID Number: | Student Gender: | Student's Ethnic Group: (check) | | | | |
| | • Female | <input type="checkbox"/> Anglo <input type="checkbox"/> Hispanic <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> American Indian <input type="checkbox"/> Other | | | | |
| IF the student is in a self-contained special education class, requires a specified staff: student ratio, and/or the student is receiving "speech/language therapy for more than 60 minutes per week" attach a copy of the current IEP. | | | | | | |
| Current Fall 2020 GPA (minimum 3.0): <i>(Compute all grades in the present grade: A=4 B=3 C=2 D=1 F=0)</i> | | | Special Programs: (circle all that apply) | | | |
| | | | GT Free/Reduced Lunch Speech Dyslexia 504 SST Sp.Ed. | | | |
| # Days Absent: | | | # Discipline Referrals: | | | |
| Fall 2020 Semester Grades (Can attach report card) | ELAR: | Math: | Science | Social Studies: | | |
| | | | | | | |
| 2020 Fall District Assessments (current LISD students) | 1st/2nd Nine Weeks Reading | 1st/2nd Nine Weeks Math | 1st/2nd Nine Weeks Science | 1st/2nd Nine Weeks Social Studies | | |
| | _____ / _____ | _____ / _____ | _____ / _____ | _____ / _____ | | |
| 2019 STAAR Scores (Scale Score) (can attach copy of scores) | ELAR | Math | Science | Writing | | |
| | | | | | | |
| 2020 Fall BOY (current LISD students) | Reading: | Math: | Writing: | | | |
| | | | | | | |
| Sending Principal's Signature or Designee: | | | Receiving Principal's Signature or Designee: | | | |
| | | | <input type="checkbox"/> Approved <input type="checkbox"/> Denied | | | |

**Students accepted must maintain admission criteria in order to remain on the Talkington Campus. Students failing to meet any criteria shall be returned to their home campus at the end of the school year. Students may select a second choice if first choice is not approved.

- TALKINGTON IS MY: _____ FIRST MAGNET CHOICE _____ IS MY SECOND MAGNET CHOICE
- TALKINGTON IS MY: _____ SECOND MAGNET CHOICE _____ IS MY FIRST MAGNET CHOICE

I understand that I can *only designate one first magnet choice* when applying to multiple schools. Applying to two magnet schools, and designating them both as first choice options, may jeopardize magnet transfer consideration to both schools. If designating a second magnet choice, other than Talkington, you must fill out the LISD magnet transfer forms and attach to the Talkington application.

Student Name: _____

My signature below indicates that I understand and agree to the following:

1. Submitting an application does not automatically guarantee acceptance and is contingent upon but not limited to grades, discipline, and attendance at the students' prior school.
2. Parents must assume responsibility for transportation of magnet students. **Bus service is not provided.**
3. **Only one transfer per year is permitted.**
4. Magnet/Specialty students may remain at the campus until they reach the highest-grade level for that campus as long as they **continue to meet** magnet requirements. *Not applicable to PK students.* **Please note:** The middle school you attend is based on your address, not which elementary you attend. To attend any school other than your attendance zoned school, a transfer application must be submitted for approval.
5. Magnet/Specialty transfers will not be accepted mid-year except for urgent or highly extenuating circumstances.
6. Eligibility for participation in UIL activities shall be determined in accordance with applicable UIL Constitution and Contest Rules and district policy and procedures.
7. The Magnet/Specialty student must follow all rules and regulations of the District, including those for student conduct and attendance. Violation of the District's rules and regulations may result in revocation of the transfer agreement at the end of the school year.
8. Effective with the incoming 6th grade class of 2011-2012, UIL athletic eligibility will be established based on the middle school attended in the 8th grade. Students will only be eligible for athletic participation at the quadrant high school that is aligned with the middle school they attended, unless they are approved to attend a magnet school.
9. It is the responsibility of the parent or guardian to notify the campus of any address changes.
10. Any falsification of information is a Class A Misdemeanor which may lead to legal action and/or denial of your request.
11. If the student leaves the identified program of choice, the student must return to his/her campus of residence at the end of the school year.

The student(s) will be placed in the appropriate level, class, course, and /or special program(s) using records from the sending campus as basis for placement.

Printed Name of Parent/Guardian: _____ Date: _____

Signature of Parent/Guardian: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Email: _____ (please print clearly)

Indicate if the student is currently or planning to participate in competitive athletics. Please check yes and read and complete page 6: Yes

Note: All Students must complete the Athletic Eligibility form, even if not participating in Athletics.

Competitive sports (please list): _____

| |
|---|
| For Office Use Only DENIED: <input type="checkbox"/> 1 st Choice or <input type="checkbox"/> 2 nd Choice APPROVED: <input type="checkbox"/> 1 st Choice or <input type="checkbox"/> 2 nd Choice _____ Central Office Administration Signature |
|---|

Student Name: _____

Athletic Eligibility

Lubbock Independent School District board policy FDB (LOCAL) states eligibility for participation in UIL activities shall be determined in accordance with applicable UIL rules, provisions of this policy, and District procedures.

Effective with students who enter grade 6 in the 2011-12 school year, the District shall apply additional local eligibility criteria for students participating in athletics, so that a student shall be eligible to participate in athletics only at the high school assigned to the quadrant applicable to the middle school at which the student initially participates in athletics. This requirement shall not affect participation in any other UIL activity. In addition, this restriction shall not apply to a student who:

1. Entered grade 6 before the 2011-12 school year;
2. Moves from one attendance area to another after initial middle school participation in athletics;
3. Does not participate in athletics in a District middle school; or
4. Applies to, qualifies for, and is enrolled in a magnet program in high school.

Beginning in the 2012-13 school year, a student in grades 9-12 who participates or has participated in athletics during high school shall be eligible only at the high school at which he or she has participated. This restriction shall not apply to a student who:

1. Moves from one attendance area to another after initial high school participation in athletics; and
2. Applies to, qualifies for, and is enrolled in a magnet program in high school.

Printed Name of Parent/Guardian: _____ **Date:** _____

Signature of Parent/Guardian: _____ **Phone:** _____



Part A - Parent Information

| | | |
|--|---|--------------------------------|
| Name of Parents / Legal Guardians: | | |
| Current Street Address: | | Apartment. Number: |
| City: State: Zip Code: | | |
| Mother/Guardian Home/Cell phone number: | Mother/Guardian Work / Daytime Phone Number | Mother/Guardian Email Address: |
| Father/Guardian Home/Cell phone number: | Father/Guardian Work / Daytime Phone Number | Father/Guardian Email Address: |

Part B - Parent Questions

Using the space available, please circle the answer to the following questions.

| | | |
|--|-----|----|
| 1. Do you want your daughter to attend the Talkington School for Young Women Leaders? | Yes | No |
| 2. Will you support your daughter (uniform expenses, transportation to school events, encouragement to meet academic challenges, etc.), if she is accepted into the Talkington School for Young Women Leaders? | Yes | No |
| 3. Do you understand and agree to the admissions process of the Talkington School for Young Women Leaders? All admissions decisions are final. | Yes | No |

Statement of Support

I agree to support my student if she is accepted into the Margaret Talkington School for Young Women Leaders. I acknowledge that all application materials are confidential.

Parent/Guardian Signature: _____

Applicants are required to complete the essay above as well as get 2 teacher recommendations. The teacher recommendations must be from a current teacher. 1 recommendation from either an ELAR or Social Studies teacher and 1 recommendation from a Math or Science teacher.

2021-2022 Teacher Recommendation Form

The student named below is applying for admission to the Margaret Talkington School for Young Women Leaders. As a current teacher of this student, your evaluation will be extremely helpful in identifying which students will benefit from and succeed in this program. **Please complete the recommendation form by placing a check in the appropriate column next to each attribute. Seal the recommendation form in a sealable envelope, sign the envelope's seal, and return the envelope to the student so she can include the form in her application materials.**



| | |
|-----------------------------|-----------------------|
| Student Name: (Last) | (First) |
| Teacher Name: | School: |
| Teacher Email: | Grade/Subject: |

Please review the following characteristics and rate your student accordingly:

| Characteristic: | Below average | Average | Above average | Exceptional |
|---|---------------|---------|---------------|-------------|
| Has good school attendance | | | | |
| Completes daily and homework assignments | | | | |
| Works well with others | | | | |
| Works well individually | | | | |
| Practices good behavior | | | | |
| Enjoys learning | | | | |
| Is inquisitive | | | | |
| Is self-motivated | | | | |
| Is self-disciplined | | | | |
| Has a strong work ethic | | | | |
| Exhibits leadership skills | | | | |
| Has emotional maturity | | | | |
| Has oral and written communication skills | | | | |
| Has advanced academic potential | | | | |

Teacher feedback is extremely important in assuring that recommended students have the qualifications, capabilities, and motivation to succeed at Talkington. To that end, please provide as much detail as possible for the following questions.

Does this student have special considerations that we should be aware of? Explain.

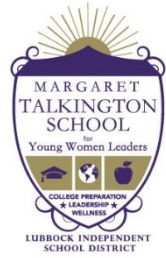
Please describe this student's normal demeanor/personality during social or "down" time:

Please tell us why you think this student would be a good candidate for our program:

Thank you for your recommendation. Please seal this form in an envelope, sign the envelope's seal, and return the envelope to the student so she can include the form in her application materials. Forms must be returned to Talkington by January 29, 2021

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