

TEXAS EDUCATION AGENCY
 Division of Equal Education Opportunity

APPLICATION FOR TRANSFER
 FY 2017-2018

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 Opportunity at (512) 463-9671.

Student Name	Current Attn Data Student's Residence		Grade	District Student Attended Prior Year District Name	Campus Approval Y/N	Receiving Campus Principal Signature
	District	Campus Name				

This section must be completed by parent or guardian:

HOW DID YOU HEAR ABOUT US? _____

Signed _____
 Parent's (Guardian's) Signature Phone # _____

Street Address _____

City, State, Zip _____

This section must be completed by the Superintendent:

The above transfer(s) was _____ approved _____ on this _____ day of _____ 2016
 disapproved

Typed Name of Receiving Superintendent Mr. Roger Reed	Date	Telephone (903) 564-6051 x4001	Signature
---	------	--------------------------------------	-----------

INSTRUCTIONS FOR COMPLETING

Application for Transfer Form

Column Instructions

Column Instructions

Student's Name

Enter the student's legal name.

Attendance Data (Current Year)

Enter the current district and campus name for the student (current district and campus name of RESIDENCE).

Grade

Enter the grade to which the student will be assigned for the regular academic programs or special education programs during the 2017-18 school year.

District Name (Prior Year)

Enter the current district name for the student (prior year enrolled).