



**HAWLEY ISD**  
District Name

**127-904**  
County-District No.

**APPLICATION FOR TRANSFER**  
FY \_\_\_\_\_

**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 check approved or disapproved and sign the transfer form.

Student's Name	Ethnic Code	Current Attendance Data Student's Residence		District Student Attended Prior Year	Grade	Campus Assigned in Receiving District
		Co. Dist. #	Campus #	Co. Dist.#		Campus #

**This section must be completed by parent or 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.

Signed:  \_\_\_\_\_  
(Parent's / Guardian's Signature)

Street Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Phone Numbers: \_\_\_\_\_

**This section must be completed by the receiving district's superintendent:**

The above transfer(s) was  approved on this \_\_\_\_\_ day of \_\_\_\_\_, 2012.  
 disapproved

Typed Name of Receiving District Superintendent	Date	Telephone	Superintendent's Signature
_____	____/____/____ (mm) (dd) (yyyy)	(____) _____ - _____	_____

Date Transfer Fee Paid \_\_\_\_\_

Amount \$ \_\_\_\_\_

Receipt \_\_\_\_\_