

APPLICATION FOR TRANSFER
FY 2009-2010

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's Name	Ethnic Code	Current Attendance Data Student's Residence		District Student Attended Prior Year	Grade	Campus Assigned In Receiving District
		Co. Dist. No.	Campus No.	Co. Dist. No.		Campus No.

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 _____

City, State, Zip _____ TELEPHONE: _____

This section must be completed by the receiving superintendent:

The above transfer(s) was approved on this _____ day of _____, 19____
 disapproved

Exemption/Hardship Code
 A B C D E
 F G H I J

Typed Name of Receiving District Superintendent	Date	Telephone	Signature

One copy should be retained at both districts for audit purposes.

DO NOT MAIL TO THE TEXAS EDUCATION AGENCY.

DATE TRANSFER FEE PAID _____

AMOUNT \$ _____

RECEIPT: _____

POSTED: _____

TEA

DATE _____