

Application for Transfer

2018-19

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, with in the State of Texas, including hardship. 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 | Student ID (SS #) | Grade Level | District Attended Last year | Current District Residence | Receiving Campus | For Office Use Peg Campus Transfer | |
|--------------|-------------------|-------------|-----------------------------|----------------------------|------------------|------------------------------------|----|
| | | | | | | Yes | No |
| | | | | | | | |
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This section must be completed by parent or guardian:

Mailing Address _____ City, State, Zip _____

Home Street Address _____ City, State, Zip _____

Telephone Number _____ Printed Name _____

Signed _____ Date _____
 Parent's (Guardian's) Signature

Principal _____ Date _____

District Superintendent _____ Date _____

This section must be completed by the receiving district superintendent:

Transfer was approved disapproved on this _____ day of _____, 20____.