

Kress
DISTRICT NAME

Texas Education Agency

219-905
COUNTY-DISTRICT No.

Division of Equal Opportunity
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 Yr. | Receiving Campus # | |
|----------------|-------------|---|----------|-------------------------------------|--------------------|--|
| | | Co. Dist. # | Campus # | Co. Dist. # | Gr. | |
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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 the tuition.

Signed: _____ Phone #: _____

Mailing/Street Address _____

City: _____ State: _____ Zip: _____

This section must be completed by the receiving district superintendent:

The above transfer(s) was/were: **Approved/Disapproved** on this ____ day of _____, 200__

| Typed Name of Receiving District's Superintendent | Date | Telephone # | Signature of Superintendent |
|---|------|----------------|-----------------------------|
| Doug Setliff, Superintendent | | (806) 684-2652 | |