**ALL SHADED SECTIONS MUST BE COMPLETED BY PARENT/GUARDIAN.

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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.

The Superintendent of the receiving district must circle approved or disapproved and sign the transfer form. For further information contact the the Equal Education Opportunity at (512) 463-9671.

Student's Name			Student's Social Security #	Student in District last year?		District you live in	Student's grade level 2016-2017	Exemption/ Hardship	Ethnic Code	Campus # Assigned in Receiving District
Last	First	MI		*Yes*	*No*					

This section must be completed by parent or guardian:

I have been informed by 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.

I understand my child will not qualify for bus transportation to or from school to any address in or out of the district.

**I understand that this transfer may be revoked if school rules are violated.

Signed _____

Parent's (Guardian's) Signature

Physical Address_____

City_____ State_____ Zip_____

Telephone Number_____

Principal's Signature_____

Please circle: ***Approved*** ***Disapproved***

Date_____

This section must be completed by the receiving district superintendent:

The above transfer(s) was ___ approved ___ disapproved on this _____ day of_____20___.

_____

Superintendent's Signature

Typed Name of Receiving District Superintendent: Kim Tunnell Telephone: 903-569-2448

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

DO NOT MAIL TO THE TEXAS EDUCATION AGENCY