

**Texas Education Agency
Division of Equal Education Opportunity**

District Name _____

County-District Number _____

Application for Transfer

FY _____

8-2-10

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.
Fessica Riggs	W	EF	8			
Dreake Riggs	W	"	5-6			
Bryan G. H. Pothro	W	"	2			
Sally Pothro	W	"	1			

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: [Signature] Parent's (Guardian's) Signature
 Street Address: 1214 Marcelene Dr
 City, State, Zip: Woolkomer Tex 75692
 9103633-2472

This section must be completed by the receiving district superintendent:
 The above transfer(s) was approved disapproved on this _____ day of _____

Typed Name of Receiving District Superintendent	Date	Telephone	Signature
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