

**Scurry-Rosser Independent School District**  
**County-District 129-910**  
**APPLICATION FOR TRANSFER**  
**2016-2017**  
 School Year

Student's Social Security Number	Student's Name	Student's Date of Birth	Ethnic Code	Current Attendance Data		District Student Attended Prior Year	Grade	Campus Assigned in Receiving District Campus No.
				Student's Residence 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 for a transferred student whose grade is taught in the student's district of residence; and I accept responsibility for the payment of tuition.

Parent's (Guardian's) Signature \_\_\_\_\_

Printed Name of Parent or Guardian \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Hm # \_\_\_\_\_ Cell # \_\_\_\_\_

**This section must be completed by the receiving district superintendent**

The above transfer(s) was \_\_\_ approved \_\_\_ disapproved on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_

Typed Name of Receiving District Superintendent	Date	Telephone	Signature
<b>Alan Oakley, Interim Supt.</b>		<b>972-452-8823</b>	