Tom Bean I.S.D. 091-918

Texas Education Agency
Division of Accreditation

Application for Transfer

FY 20___-20___

Authority for Data Collection: Texas Education Code 21.031; 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 Division of Accreditation at (512) 463-9671

Student's Name	Ethnic Code	Current Attendance Data Student's Residence Co. Dist. No.	Campus No.	District Student Attended Prior Year Co. Dist. No.	Grade	Campus Assigned in Receiving District Campus No.

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 _____ _____
Parent's (Guardian) Signature Please print name

Street Address _____ Mailing Address _____

City, State, Zip _____ _____

Phone Number _____

Reason for transfer request _____

_____

Student's Date of Birth _____

Social Security Number _____

This section must be completed by the receiving district superintendent:

The above transfer(s) was **approved** / **disapproved** on this _____ day of _____, 200__.

Kathy Garrison _____
Superintendent Signature
Tom Bean I.S.D.
P.O. Box 128
Tom Bean, TX 75489
(903) 546-6076

DO NOT MAIL TO THE TEXAS EDUCATION AGENCY