Division of Equal Education Opportunity

# **Application for Transfer**

FY 2015-2016

Authority for Date Collection: Texas Education Code 21.601; Civil Action 5261, Section A

<u>Planned Use of Date:</u> To complete the report required by Federal Court Order Civil Action 5261.

<u>Instructions:</u> 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.

District of Residence:

School District Attended in 2014-2015:

(Please do not fill in shaded boxes. Shaded areas are for Administration use only.)

|                     | Ethnic        | Current Attendance Date<br>Student's Residence |               | District Student<br>Attended Prior Year | Grade for<br>2015/2016<br>School Yr | Campus Assigned/<br>Receiving District |
|---------------------|---------------|------------------------------------------------|---------------|-----------------------------------------|-------------------------------------|----------------------------------------|
| Student's Name Code | Co. Dist. No. | Campus No.                                     | Co. Dist. No. | Campus No.                              |                                     |                                        |
|                     |               |                                                |               |                                         |                                     |                                        |
|                     |               |                                                |               |                                         |                                     |                                        |
|                     |               |                                                |               |                                         |                                     |                                        |
|                     |               |                                                |               |                                         |                                     |                                        |
|                     |               |                                                |               |                                         |                                     |                                        |
|                     |               |                                                |               |                                         |                                     |                                        |

| Student's Name | Social Security Number | Birthday |
|----------------|------------------------|----------|
|                |                        |          |
|                |                        |          |
|                |                        |          |
|                |                        |          |
|                |                        |          |
|                |                        |          |

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:

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

City, State, Zip:

City, State, Zip:

Mailing Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work/Cell Phone:

| This Section must be completed by the receiving District Superintendent. |
|--------------------------------------------------------------------------|
| The above transfer(s) was: $\Box$ approved / $\Box$ disapproved on:      |

| Т            | yped Name of Receiving District Superintendent | Date | Telephone      | Superintendent's Signature |
|--------------|------------------------------------------------|------|----------------|----------------------------|
| Gregg Spivey |                                                |      | (936) 687-4619 |                            |

One copy should be retained at both districts for audit purposes. **DO NOT MAIL TO THE TEXAS EDUCATION AGENCY.** 

# INSTRUCTIONS FOR COMPLETING

# **Application for Transfer Form**

The Transfer Application should be completed according to the column instructions listed below. This form should be completed in duplicate by the receiving district office. For audit purposes, one copy should be retained by the receiving district office and one copy should be mailed to and retained by the sending district office. Use the *Texas School Directory* for county-district and campus numbers.

### INSTRUCTIONS SHADED GRAY AND WITH (\*\*) REFERS TO SHADED AREAS ON THE FRONT OF THE FORM THAT ADMINISTRATION FILLS OUT.

# **COLUMN INSTRUCTIONS**

# Student's Name

Enter the student's name

## Ethnic Code

Enter the appropriate ethnic code using the following designations:

- (1) = American Indian or Alaskan Native
- (2) = Asian or Pacific Islander
- (3) = Black, not Hispanic
- (4) = Hispanic
- (5) = White, not Hispanic

## **\*\*Attendance Data (Current Year)**

Enter the current county-district number and the campus number for the student (current district of residence).

#### **\*\*County-District Number (Prior Year)**

Enter the county-district number for the student (prior school year).

#### Grade

Enter the grade to which the student will be assigned for the regular academic programs or special education programs during the next school year.

#### **\*\*Campus Number (Receiving District)**

Enter the campus number to which the student will be assigned in the receiving district during the next school year.

#### Student's Name, Social Security, and Birthday Information

Enter the student's name in the first column. Enter the student's social security number in the second column. Enter the student's birthday in the third column.

# Transfer Contract and Agreement (TX.ED.CODE.25.036)

- 2. Student(s) and parent(s)/guardian(s) of student transferring into Grapeland ISD are required to follow all campus, district, state and federal policies and requirements. A copy of District rules concerning transfer is attached hereto and incorporated herein.
- 3. All student activities available to locally enrolled students will be available to transfer students, subject to any applicable U.I.L. rules.
- 4. The responsibility for transportation to and from Grapeland ISD campuses belongs to the parent(s)/guardian(s) of the transfer student
- 5. District and campus administration reserves the right to revoke all transfers.

I have read and agree to the transfer contract as written.

Parent(s)/Guardian(s)

Gregg Spivey, Superintendent

Date

Date