

Scurry-Rosser Independent School District
County-District 129-910
APPLICATION FOR TRANSFER
2019-2020 School Year

Student's Social Security Number	Student's Name	Student's Date of Birth	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.

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
James Sanders		972-452-8823	