

**APPLICATION FOR TRANSFER
2020-2021**

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. Upload as a document when registering. You will be contacted once your applications has been reviewed.

Parent/Guardian: Please complete this section:

Student's Name _____ Grade (next year) _____ DOB _____

School of Residence _____ District of Residence _____

Home Street Address: _____

Home Mailing Address: _____

City, State, Zip Code: _____ Phone: _____

I have been informed of the receiving district's policy FDA (Local) concerning factors in approving transfers. The Superintendent shall consider the availability of space and instructional staff for approval of the transfer.

Parent / Guardian Signature: _____ Date: _____

CAMPUS/DISTRICT USE ONLY

The campus administrator/principal shall review the availability of space and instructional staff in accordance with Board Policy FDA (Local) to determine if the application for transfer is approved or denied.

The above transfer was Approved or Denied on this _____ day of _____, 20_____

Campus Administrator/Principal Signature: _____

District Superintendent Signature: _____ Date: _____

REV: