

Texas Education Agency
 Division of Equal Education Opportunity

Application for Transfer

EUSTACE ISD CURRENTLY ONLY CONSIDERS STUDENT TRANSFERS ON A SEMESTER BY SEMESTER BASIS

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, including hardship. The superintendent of the receiving district must circle approved or not approved and sign the transfer form. For further information, contact the Division of Equal Opportunity at (512) 463-9671.

Student's Name	Current District of Enrollment	Grade 18/19	Eustace ISD Campus	Student's Birthday MM/DD/YYYY

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.

Are you a district employee? YES NO

 Printed (Parent/Guardian's) Name

 Parent/Guardian's Signature

 (Area Code) Phone Number

 Street Address

 City State Zip

 District You Currently Live In

THIS SECTION MUST BE COMPLETED BY THE RECEIVING DISTRICT SUPERINTENDENT

SEMESTER 1 (Aug. 15, 2018 thru Jan 2, 2019) ___ Approved ___ Not Approved

SEMESTER 2 (Jan. 3, 2019 thru May 24, 2019) ___ Approved ___ Not Approved

 Dr. Coy Holcombe

 Date

903-425-5151
 Phone