

**Texas Education Agency
Application for Transfer
For School Year**

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 **disapproved** and sign the transfer form. For further information, contact the Division of Accreditation at (512) 463-9671.

| Student's Name | Grade/ School Year | Student's Social Security Number | Student in Crawford ISD Last Year | | Current Attendance Data Student's Current Residence County District Number | District Student Attended Prior Year |
|----------------|-----------------------|--|---|----|--|--|
| | | | Yes | No | | |
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This section must be completed by parent or guardian:

PLEASE PRINT

Parent/Guardian Name _____

Street Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____ Work Phone _____

Signature _____

This section must be completed by the receiving district superintendent:

The above transfer(s) was **APPROVED** **DISAPPROVED** on this _____ day of _____, _____

| | | | |
|--|---------------|-----------|-----------------------------|
| Name of Receiving District Superintendent | Date Received | Telephone | Signature of Superintendent |
| Dr. Kenneth Hall | | | |