

**Texas Education Agency  
Application for Transfer  
For School Year  
2017-2018**

**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	Student's Social Security Number	Student in Crawford ISD Last Year		Current Attendance Data Student's Current Residence County District Number	District Student Attended <u>Prior</u> Year	Grade Student Will Be In For Year 2017-2018	Campus Assigned In Receiving District
		Yes	No				

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 \_\_\_\_\_, 2017.

Name of Receiving District Superintendent  <b>Dr. Kenneth Hall</b>	Date Received	Telephone	Signature of Superintendent
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