

DARROUZETT INDEPENDENT SCHOOL DISTRICT
Application for Transfer
2009 - 2010

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. Column instructions can be found on the reverse side of this form. The Superintendent of the receiving district must note approved or disapproved and sign the transfer form.

Student's Name	Student's ID/ SS Number	Ethnic Code	Student's Residence County-District #	Student Attended Prior Year Cty/Dist #	Grade Level	Student's Birthday

This section must be completed by parent or guardian.

I have been informed of the receiving district's policy concerning transfer responsibilities and expectations for a transferred student whose grade is taught in the student's district of residence; and I accept responsibility for abiding by those regulations. I also attest to the fact that the reason I want my child(ren) to transfer **is not** for Athletic or UIL Academic competition. .

Parent/Guardian Signature _____

Printed Name _____

Street Address _____

City, State, Zip _____

Daytime Phone _____

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 of Receiving District Superintendent
Danny R. Cochran		806/624-3001	