

**APPLICATION FOR TRANSFER  
 2014-2015**

**Authority for Data Collection:** Board Policy FDA (Local)  
 The Superintendent or Designee must approve or disapprove and sign the transfer form. For further information, contact the Division of Equal Education Opportunity at 512-463-9671.

Student's Name	Date of Birth	Gender M/F	Social Security Number	Ethnic Code	Current Attendance Data Student's Residence		District Student Attended Prior Year	Grade	Campus Assigned in Receiving District
					Co. Dist. No.	Campus No.	Co. Dist. No.		Campus No.

**This section must be completed by parent of 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.

Signed: \_\_\_\_\_

Street & Mailing Address: \_\_\_\_\_ Phone/Cell Number: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

**This section must be completed by the receiving district superintendent:**

The above transfer(s) was  approved  disapproved on this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

<b>Greg Brown</b> Executive Director for Administrative Services	Date	Telephone (806) 293-6000	Signature
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