

**Application for Transfer**

**FY 2018-2019**

**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 Equal Education Opportunity at (512) 463-9671.

<u>Student's Name / Social Security #</u>	<u>Birthdate</u>	<u>Race</u>	<u>Student Lives In District / Campus</u>	<u>Student Attended Prior Year District / Campus</u>	<u>18/19 Grade Level</u>

Parent(s) Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

**This section must be completed by the receiving campus principal:**

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

disapproved

Signature: \_\_\_\_\_

**This section must be completed by the receiving district superintendent:**      Exemption Code: \_\_\_\_\_

Assigned Campus: \_\_\_\_\_

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

disapproved

Signature: \_\_\_\_\_

# TROUP INDEPENDENT SCHOOL DISTRICT

Phone: (903) 842-3067

P.O. Box 578

Troup, Texas 75789

Fax: (903)842-4563

Student(s) Name: \_\_\_\_\_  
\_\_\_\_\_

Parent's Name: \_\_\_\_\_

Student(s) Lives in: District \_\_\_\_\_ Campus \_\_\_\_\_

Student(s) Attended Prior Year: District \_\_\_\_\_ Campus \_\_\_\_\_

I do not live in the Troup ISD School District; however, I wish for my child/children to be allowed to attend Troup ISD for the 2018-19 School Year for the following reason(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent's Name: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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*TISD Use Only:*

*Date Received:* \_\_\_\_\_

*Person Receiving Form:* \_\_\_\_\_