

La Pryor  
District Name

**Texas Education Agency  
Division of Equal Education Opportunity  
APPLICATION FOR TRANSFER  
FY 2019-2020**

254-902  
County-District Number

**Complete Application for Each Campus**

Authority for Data Collection: Texas Education Code 21.081, 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 signed for all student transfers within the state of Texas, including hardship. The Superintendent of the receiving district must circle approved or not approved and sign the transfer form. For further information, contact the Division of Equal Education Opportunity at (512) 463-9519.

Student's Name	I.D. # (Social Security #)	Ethnic Code	DOB	Current Attendance Student's Residence		District Student Attended Prior Year	Campus Assigned in Receiving District
				Co. Dist . No.	Campus No.	Co. Dist. No.	
<b>LEAVE</b>	<b>BLANK</b>						

This section must be completed by parent or guardian:

I have been informed of the receiving district's policy concerning tuition charges, if any, for a transferred student whose grade in the student's district of residence whose grade is taught in the student's district of residence and I accept responsibility for the payment of tuition.

Signed: \_\_\_\_\_ Name \_\_\_\_\_  
Parent's (Guardian) Signature Print Name

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

I recommend the above transfer(s) be approved and accepted: \_\_\_ YES \_\_\_ NO \_\_\_\_\_  
Campus Principal (s)

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

The above transfer (s) was/were  approved on this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.  
 not approved

Typed Name of Receiving District Superintendent	Date	Telephone No.	Signature
<u>Matthew A. McHazlett</u>	_____	<u>830-365-4000</u>	_____

One copy should be retained at both districts for audit purposes. **Last School Attended** \_\_\_\_\_

**Phone** \_\_\_\_\_

## **INSTRUCTIONS FOR COMPLETING**

### **Application for Transfer Form ACC-041A**

Form ACC-041A should be completed according to the column instructions listed below. This form should be completed in duplicate by the receiving district office. For audit purposes, the receiving district office should retain one copy and one copy should be mailed to and retained by the sending district office. Use the *Texas School Directory* for county-district and campus numbers.

#### **Column Instructions**

##### **Student's Name**

Enter the student's name.

##### **I.D. #**

Enter the student's social security number.

##### **Ethnic Group**

Enter the appropriate ethnic code using the following designations:

- (1) = American Indian of Alaskan Native
- (2) = Asian or Pacific Islander
- (3) = Black, not Hispanic
- (4) = Hispanic
- (5) = White, not Hispanic

##### **Attendance Data (Current Year)**

Enter the current county-district number and the campus number for the student (current district of residence).

##### **County-District Number (Prior Year)**

Enter the county-district number for the student (prior school year).

##### **Grade**

Enter the grade to which the student will be assigned for the regular academic programs or special education programs during the next school year.

##### **Campus Number (Receiving District)**

Enter the campus number to which the student will be assigned in the receiving district during the next school year.