

**Texas Education Agency**  
 Division of Equal Education Opportunity

**Application for Transfer**

***EUSTACE ISD CURRENTLY ONLY CONSIDERS STUDENT TRANSFERS ON A SEMESTER BY SEMESTER BASIS***

**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 not approved and sign the transfer form. For further information, contact the Division of Equal Opportunity at (512) 463-9671.

Student's Name	Current District of Enrollment	Grade 17/18	Eustace ISD Campus	Student's Birthday MM/DD/YYYY

***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 is taught in the student's district of residence; and I accept responsibility for the payment of tuition.

Are you a district employee?                      YES                      NO

\_\_\_\_\_  
 Printed (Parent/Guardian's) Name

\_\_\_\_\_  
 Parent/Guardian's Signature

\_\_\_\_\_  
 (Area Code) Phone Number

\_\_\_\_\_  
 Street Address

\_\_\_\_\_  
 City                      State                      Zip

\_\_\_\_\_  
 District You Currently Live In

***THIS SECTION MUST BE COMPLETED BY THE RECEIVING DISTRICT SUPERINTENDENT***

SEMESTER 1 (Aug. 16, 2017 thru Jan 2, 2018)     Approved     Not Approved

SEMESTER 2 (Jan. 3, 2018 thru May 24, 2018)     Approved     Not Approved

\_\_\_\_\_  
 Dr. Coy Holcombe

\_\_\_\_\_  
 Date

903-425-5151  
 Phone