

Ira I.S.D.  
District Name

Texas Education Agency  
Division of Equal Education Opportunity

208903  
County-District Number

**Application for Transfer**

2024-2025

**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 circle approved or disapproved and sign the transfer form. For further information, contact the Division of Equal Education Opportunity at (512)463-9671

Student's Name	Ethnic Code	Current Attendance Data Student's Residence		District Student Attended Prior Year	23/24 year	Campus Assigned In Receiving District
		Co. Dist. No.	Campus No.	Co Dist. No.	Grade	Campus No.

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

Signed \_\_\_\_\_

Parent's (Guardian's) Signature

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

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

Parent Email: \_\_\_\_\_

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

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

### Nonresident Student Request to Transfer Form

Please fill out the entire form and return it and the attached Texas Education Agency's Application for Transfer form.

Student Name: \_\_\_\_\_

Current Address: \_\_\_\_\_  
\_\_\_\_\_

School District in which student resides: \_\_\_\_\_

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

Parent's Address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Parent's Email: \_\_\_\_\_

Reason for Transfer: \_\_\_\_\_  
\_\_\_\_\_

Is either parent employed by Ira ISD?                      Yes    No

Has the student ever been enrolled in Ira ISD?            Yes    No

Student's grade level for year of requested transfer: \_\_\_\_\_

Student's attendance record:

- a. How many days was the student absent in the school year prior to the year for which a transfer is requested? \_\_\_\_\_
- b. If this request is for a transfer during a school year, how many days has the student missed in the current school year? \_\_\_\_\_
- c. If the student missed more than ten percent of the days in the school year, please provide an explanation: \_\_\_\_\_  
\_\_\_\_\_

Has the student been expelled or removed to a DAEP for one or more days in the most recent school year?    Yes    No    During the preceding year?    Yes    No

If yes to either question, for what offense(s)? \_\_\_\_\_  
\_\_\_\_\_

Please list the classes the student was enrolled in during the most recent school year.

---

---

---

---

---

---

---

---