Ira I.S.D.	Texas Education Agency	208903
District Name	Division of Equal Education Opportunity	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 _____.