

Ira I.S.D.
District Name

Texas Education Agency
Division of Equal Education Opportunity

208903
County-District Number

Application for Transfer

2025-2026

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	25/26 year	Campus Assigned In Receiving District
		Co. Dist. No	Campus No.			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:

- How many days was the student absent in the school year prior to the year for which a transfer is requested? _____
- If this request is for a transfer during a school year, how many days has the student missed in the current school year? _____
- 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)? _____

Has your child ever received any Special Education services?	Yes	No
Is your child currently receiving any Special Education services?	Yes	No
Has your child ever received Speech Therapy?	Yes	No
Is your child currently receiving any Speech Therapy Services	Yes	No
Has your child ever received any 504 services?	Yes	No
Is your child currently receiving 504 services?	Yes	No

Please share any information you wish to share with the committee about any of these services:

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