

<u>Bellevue ISD</u> District Name	Texas Education Agency Division of Equal Education Opportunity <u>Application for Transfer</u> FY 2024-2025	<u>039-904</u> County-District Number
<u>Authority for Date Collection:</u> Texas Education Code 21.601; Civil Action 5261, Section A <u>Planned Use of Date:</u> To complete the report required by Federal Court Order Civil Action 5261. <u>Instructions:</u> This form must be used for all student transfers within the State of Texas, including hardship transfers. The Superintendent of the receiving district must circle approved or disapproved on the reverse side of this form. For further information, contact the Division of Equal Education Opportunity at (512) 463-9671.		Column instructions can be found on the back of this form. For more information, contact the Division of Equal Education Opportunity at (512) 463-9671.

District of Residence: _____ School District Attended in 24-25: _____

(Please do not fill in shaded boxes. Shaded areas are for Administration use only.)

Student's Name	Ethnic Code	Current Attendance Date Student's Residence		District Student Attended Prior Year	Grade for 2024-25	Campus Assigned/Receiving District
		Co. Dist. No.	Campus No.	Co. Dist. No.	School Yr	Campus No.

Student's Name	Social Security Number	Birthday

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.

Signed: _____
Street Address: _____
Mailing Address: _____
City, State, Zip: _____
City, State, Zip: _____
Home Phone: _____
Work/Cell Phone: _____

This Section must be completed by the receiving District Superintendent.
The above transfer(s) was: approved / disapproved on: _____.

Typed Name of Receiving District Superintendent Wade Wesley	Date	Telephone (940) 928-2104	Superintendent's Signature
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One copy should be retained at both districts for audit purposes.
DO NOT MAIL TO THE TEXAS EDUCATION AGENCY.

INSTRUCTIONS FOR COMPLETING

Application for Transfer Form

The Transfer Application 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, one copy should be retained by the receiving district office 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.

INSTRUCTIONS SHADED GRAY AND WITH () REFERS TO SHADED AREAS ON THE FRONT OF THE FORM THAT ADMINISTRATION FILLS OUT.**

COLUMN INSTRUCTIONS

Student's Name

Enter the student's name

Ethnic Code

Enter the appropriate ethnic code using the following designations:

- (1) = American Indian or 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.

Student's Name, Social Security, and Birthday Information

Enter the student's name in the first column.

Enter the student's social security number in the second column.

Enter the student's birthday in the third column.