

Bellevue ISD District Name	Texas Education Agency Division of Equal Education Opportunity Application for Transfer FY 2026-2027	039-904 County-District Number
Authority for Data Collection: Texas Education Code 21.601; Civil Action 5261, Section A Planned Use of Data: To complete the report required by Federal Court Order Civil Action 5261. Instructions: This form must be used for all student transfers within the State of Texas, including hardship transfers. The reverse side of this form. The Superintendent of the receiving district must circle approved or disapproved. For further information, contact the Division of Equal Education Opportunity at (512) 463-9671.		Column instructions can be found on the reverse side of this form. For all student transfers within the State of Texas, including hardship transfers, the Superintendent of the receiving district must circle approved or disapproved. For further information, contact the Division of Equal Education Opportunity at (512) 463-9671.

District of Residence: _____ School District Attended in 25-26: _____

(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 2026-27	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.

**TRANSFER APPLICATION AGREEMENT
BELLEVUE INDEPENDENT SCHOOL DISTRICT**

For school year: 2026-2027 Grade: _____

Name: _____ Residence District: _____

Parents: _____

Address (residence & mailing): _____

Telephone: (home) _____ (work) _____

Reason for requesting transfer: _____

Current educational setting: _____

Student's Social Security #: _____ - _____ - _____

Student's Date of Birth: _____

This student transfer agreement is being made with a full understanding of and agreement with the following terms and conditions:

1. Bellevue ISD will determine whether space is available in the area of the transfer request.
2. I understand that I must reapply each year in order for my child to remain enrolled in the Bellevue ISD.
3. I understand that Bellevue ISD has no obligation to enroll nonresident students and is not responsible for transportation of transfer students, except as required by law.
4. I understand that violation of Board policy, the Student Code of Conduct, administrative regulations, or rules found in the Student Handbook may result in revocation of the transfer agreement or nonapproval for the following year, and that upon revocation or nonapproval, written notification shall be sent to my child's school district of residence.
5. Reasons for revocation or nonapproval shall include but not be limited to the following:
 - a. The student has received more than three discipline referrals for minor offenses or one discipline referral for a major offense as defined in the Student Code of Conduct.

- b. The student is charged in any court with any felony or misdemeanor offense involving drugs or narcotics and conviction results from such charges.
- c. The student is indicted by a grand jury on a felony charge and found guilty.
- d. The student is declared by the courts to be a juvenile delinquent because of a drug or narcotic charge or conviction.
- e. The student possesses or uses any drug or narcotic considered to be dangerous while on school premises at any time, whether in the classroom, at an athletic event, or at any other event held on school premises or any school-sponsored function regardless of its location.
- f. The student uses tobacco and/or alcoholic drinks on school premises or at any school-sponsored activity.
- g. The student is a party to any interruption of school, disturbance of classes, not defined or covered under the general statement.
- h. The student fails to meet attendance standards or is habitually truant (two or more times).

I hereby certify that all requested information has been furnished to Bellevue ISD and that it is true, correct, and complete. I understand that my transfer request will be rejected if I submit misleading, incomplete, or false information. If my child is accepted and the District discovers the information is misleading, incomplete, or false, the transfer may be revoked.

Signed:

Parent: _____

Date: _____

Student: _____

Date: _____

APPROVED:

Principal: _____

Date: _____

Superintendent: _____

Date: _____