

**Application for Transfer
2014 - 2015**

Authority for Data Collection: Texas Education Code 21.081; 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 name | Ethnic Code | Current Attendance Data Student's Residence | | District Student Attendance Prior Year | Grade | Campus Assigned in Receiving District |
|--------------|-------------|---|-------------|--|-------|---------------------------------------|
| | (See Back) | District Name | Campus Name | (If Different) | | Campus No. |
| 1. | | | | | | |
| SS# | | | | | | |
| DOB: | | | | | | |
| 2. | | | | | | |
| SS# | | | | | | |
| DOB: | | | | | | |
| 3. | | | | | | |
| SS# | | | | | | |
| DOB: | | | | | | |

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 _____
Parent's (Guardian's) Signature

Street Address _____ Phone # _____

City, State, Zip _____

This action must be completed by the receiving district superintendent:

The above transfer(s) was approved disapproved on this _____ day of _____, 20____

| Typed Name of Receiving District Superintendent | Date | Telephone | Signature |
|---|------|----------------|-----------|
| Robert Hudson | | (254) 584-4988 | |

One Copy must be retained at the receiving district for audit purposes.

Return to:

Westphalia ISD
124 County Road 3000
Lott Texas 76656
Fax # 254-584-2963

DO NOT MAIL TO THE TEXAS EDUCATION AGENCY.

INSTRUCTIONS FOR COMPLETING
Application for Transfer Form ACC-041A

Form ACC-041A should be completed according to the column instructions listed below. This form should be completed by the receiving district office and retained for audit purposes. Use the Texas School Directory for county-district and campus numbers.

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 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.