

for FY 2020 - 2021

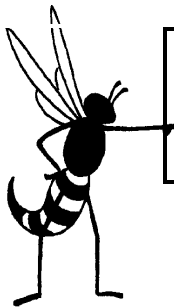
Authority for Data Collection: Texas Education Code 21.061; Civil Action 5281, Section A
Planned Use of Data: To complete reports required by Federal Court Order Civil Action 5281.
Instructions: This form must be used for all student transfers, **within the State of Texas**, including hardship. The Superintendent or designee of the receiving district must indicate **approved** or **disapproved** and sign the transfer form, based upon the transfer application meeting board policy criteria for transfer to the district. If approved by the Superintendent or designee, the transfer must also be considered for approval by the Board of Trustees. For further information, contact the Division of Equal Education Opportunity at (512) 463-9671.

(Criteria for all types of transfer students) This section must be read and completed by the parent or guardian:

I understand that it is **my responsibility to provide transportation to and from school for my child**, and that **attendance, discipline problems, lack of failure to follow policies and procedures, and lack of passing performance with my child will be reason for this transfer to be revoked**. In return for the district permitting my student to transfer into a district school, I expressly waive and release any claim that I may have that the district cannot revoke a transfer, and/or that the transfer of my student must be for a period of one year. By my signature below, I expressly confirm that I agree with and accept all of the reasons for a transfer revocation set out in the non-resident transfer agreement, and further agree that this agreement can be revoked for any of those reasons before the end of the school year for which the transfer is approved.

I have read and agree to the above information

PARENT: PLEASE PRINT YOUR FULL NAME ON LINE 1 AND SIGN ON LINE 2



Line 1: Printed Name of Parent or Guardian _____
Line 2: Signature of Parent of Guardian _____

This section must be completed by the receiving district superintendent or designee:

The above transfer(s) was: approved disapproved on this date _____.

| Typed Name of Receiving District Superintendent or Designee | Telephone | Signature |
|---|--------------|-----------|
| Assistant Superintendent Dr. Allison Schaum | 361-694-9220 | |

Revised Local... 1/20