Crystal City Independent School District **District Name**	**Texas Education Agency** Division of Equal Education Opportunity	254-901 **County-District Number**

APPLICATION FOR TRANSFER
FY 2008-2009

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. 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	Student's ID Soc. Security Number	Ethnic Code	Current Attendance Data Student's Residence		District Student Attended Prior Year	Grade	Campus Assigned in Receiving District
			Co.Dist.No.	Campus Name	Co. District 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 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 **Parent/Guardian Printed Name**

Address:_____

City, State, Zip:_____

THIS SECTION MUST BE COMPLETED BY THE RECEIVING DISTRICT PRINCIPAL

The above transfer(s) was Approved _____ Disapproved_____ on this _____ day of _____, 20_____.

Principal's Signature: _____

THIS SECTION 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
Raymundo Villarreal, Jr.		830-374-2367	

Form Updated 2/27/2009