

Garrison ISD 174-903
 Elementary 174-903-101
 Middle School 174-903-041
 High School 174-903-001

Application for Transfer
FY 2021-2022

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.

Ethnic Code: See Back of Form and check Part 1 and Part 2

District & Campus of Residence: Enter the county-district number and campus number for the student's district of residence. For transfers from private schools and for kindergarten transfers, give the public school county-district number of the district in which the student resides and also indicate the campus number for the school the student would have attended had the student remained in the district of residence.

Campus Enrollment: Once your transfer has been approved, please pick up an enrollment packet from your child's campus.

Student's Name	Date of Birth 00/00/0000	Ethnicity	Social Security	List the Name of the School that Student is Zoned to Attend		Campus Assigned in Receiving District OFFICE USE ONLY	
Include Middle Initial		Race	Number	School Name	Grade	Co. Dist.#	Campus #

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

Physical Address _____ Mailing Address _____

City, State, Zip _____ Home Phone _____ Cell Phone _____

This section must be completed by the receiving district superintendent:

The above transfer(s) was **approved/disapproved** on this _____ day of _____, 2_____.

Typed Name of Receiving District Superintendent Reid Spivey	Date	Telephone 936-347-7000	Signature
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