FARWELL ISD 185902

Texas Education Agency
Division of Equal Education Opportunity

Application for Transfer

2023-2024

Instructions: This form must be used for all student transfers. with in the State of Texas, including hardship. The Superintendent of the receiving must C'rcle approved or disapproved and sign the transfer form. For further information contact The Division of Equal Education Opportunity at (512)463-9671

Student Name	Student ID (SS #)	Grade Level	District Attended Last year	Current District Residence	Receiving Campus	For Office Use Peg Campus Transfer	
						Yes	No
This section must be comp	pleted by parent or gua	ardian:					
Mailing Address			City, State,	Zip			
Home Street Address	o had is a Marilly print in Marillage-agricultural proportion and the second		City, State	e, Zip			
Telephone Number							
Signed			Da	te		manada.	
Parent's (G	iuardian's) Signature						
Principal						N.	
			Dat	.e		Proceedings of	
District Superintendent					,		
	9		Dat	e			
This section must be comp	oleted by the receiving	district s	uperintender	nt:			
Transfer was approv	ed disapproved on this—	*			20		