

- ☐ Employee
☐ Open enrollment
☐ Grandparent

Application for Transfer
FY 2024 - 2025

Authority for Data Collection: Texas Education Code 21.061; Civil Action 5281 Section A

Planned Use of Data: To compile 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 Accreditation at (512) 463-9671.

Student's Name	DOB	ETH	Student's Residence School:		Was the student enrolled in the Tornillo District 2023-2024?		Grade Level For 2024-2025	Campus assigned in Receiving District
			School District:		Yes	No		
			Co. Dist. No.	Campus No.				Campus No.

This section must be completed by parent or guardian:

Transfers are made with the full understanding of and agreement to the following conditions:

- 1) Students will maintain an acceptable attendance record; have good conduct and citizenship grades; and show academic effort. Failure to do so may jeopardize the student's transfer privilege for the following year.
- 2) All transfers are subject to available classroom space and program size restrictions.
- 3) The student's family will provide transportation to and from school.

____ I have been informed of the receiving districts policy concerning district transfers and I'm in agreement with the conditions.

Are you an employee of the district? ____ Yes ____ No If yes, which campus/department are you employed by? _____

Parent/Guardian Name (Printed) _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Signed: _____ Date: _____
 Parent / Guardian Signature

This section must be completed by the receiving campus (Please attach grades, attendance and discipline information):

The student transfer was approved / disapproved Reason: _____

Campus: _____ Signature: _____ Date: _____
 Receiving Campus Principal

Superintendent Approval:

Signature: _____ Date: _____ Telephone: (915) 765-3001
 Rosy Vega-Barrio, Superintendent

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