

TEXAS EDUCATION AGENCY
Division of Equal Education Opportunity
Jarrell ISD 246907
APPLICATION FOR TRANSFER 2018-2019

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.
JISD Board Policy regarding student transfers are posted under FDA (LEGAL) and FDA (LOCAL) at ww.jarrellisd.org

Student's Name	Social Security Number	School Student Attended 2017-2018	School District where you live	Name of campus your child would attend if not transferred to JISD	Grade Level 2018-2019	Birthday

*** Please note if you have children at multiple campuses, each campus principal must approve the transfer, this is not one approval for all students.**

Names of Parents _____
(Please Print)

Address _____

City, State, Zip _____ Phone _____

Reason for requesting transfer to Jarrell ISD _____

Was your child a Jarrell transfer student in 2017-2018? Yes or No? If you circled No, the following references are REQUIRED.

Name of Principal from Prior School: _____

Name of Teacher from Prior School: _____

Name of Additional Teacher from Prior School: _____

a. How many days was the student absent in the school year prior to the year for which a transfer is requested? _____

b. If this request is for a transfer during a school year, how many days has the student missed in the current school year? _____

c. If the student missed more than ten percent of the days in the school year, please provide an explanation on a separate sheet.

d. If student has been expelled or removed to DAEP in the most recent school year or during the preceding year, explain on a separate sheet.

THIS SECTION MUST BE COMPLETED BY PARENT OR GUARDIAN:

I swear these statements are true and correct. I understand that this transfer request is subject to approval of the Jarrell Superintendent. I have been informed that students who transfer into the District shall follow all rules and regulations of the District, including, but not limited to, District policies and regulations, the Student Code of Conduct, and attendance requirements. Failure to fulfill any of these responsibilities will result in the immediate revocation of the transfer agreement.

(Signature of Parent or Guardian)

Receiving Principal: _____
Principal Signature _____ Date _____ Circle one: APPROVED OR DISAPPROVED

Receiving Superintendent: _____
Jarrell ISD Superintendent, Dr. Bill Chapman _____ Date _____ Circle one: APPROVED OR DISAPPROVED