



GODLEY ISD – 126-911
APPLICATION FOR TRANSFER
 School Year _____

TEXAS EDUCATION AGENCY

Division of Equal Education Opportunity

Authority for Data Collection; Texas Education Code 21.061: Civil Acton 5281, Section A
 Planned use of Data: To complete the report required by Federal Court Order Civil Action 5281.

This form must be used for all student transfers with the state of Texas, including hardship.

For further information, contact the Division of Equal Opportunity at 512-463-9671.

The Superintendent of the receiving district must check approved or disapproved and sign the transfer form.

Please list all Student's names in the (family) household in which you are requesting to transfer to Godley ISD.

STUDENT'S NAME	SCHOOL IN WHICH THEY SHOULD BE ATTENDING (School District you reside in)	GRADE

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, if any.

 Signature of Parent/Guardian

 Street Address

 City, State, Zip

The above transfer(s) is/are: **APPROVED** **DISAPPROVED** on _____
Date

 Campus Principal or Superintendent/Designee
 Signature

****STUDENTS IN GRADES K-12 ARE ELIGIBLE TO APPLY FOR TRANSFER.**