



Office of School Improvement

2025–2026 Public Education Grant (PEG) Transfer Application

Student Name: _____

Student ID: _____ Date of Birth: ____ / ____ / ____

Grade Level (2025–2026): _____ Current Campus: _____

Parent/Guardian Name: _____

Address: _____ City/State/Zip: _____

Phone Number: _____ Email Address: _____

School Selection (This does not include specialty schools that have eligibility criteria and/or require entrance exams or applications.)

First Choice: _____

Second Choice: _____

Third Choice: _____

Complete and email, fax, or mail the completed form to:

Office of School Improvement

9400 N Central Expressway, Box 36

Dallas, Texas 75231

Fax: (972) 925-3091

Telephone (English): (972) 925-8074

Telephone (Spanish): (972) 925-6947

Email: aibanez@dallasisd.org