DALLAS INDEPENDENT SCHOOL DISTRICT | Office of School Improvement

2026–2027 Public Education Grant (PEG) Transfer Application

Student Name: _____

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

Grade Level (2026–2027): _____ **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