

**APPLICATION FOR TRANSFER
OF NON-RESIDENT STUDENT
SCHOOL YEAR 2021-2022
RUNGE ISD**

District Name: RUNGE ISD
County District. No.: 128903

Received: ____/____/____
Time: _____
Date of Notification: ____/____/____

STUDENT INFORMATION

*Ethnic Code Choices: (1) American Indian or Alaskan Native (2) Asian or Pacific Islander (3) Black (4) Hispanic (5) White

Student Name	*Ethnic Code	Social Security Number	Name of the District You Currently Reside In	District & Campus Student Attended Previous Year	Grade Level for 2021-2022

THIS SECTION MUST BE COMPLETED BY PARENT OR GUARDIAN

A transfer student must follow all rules and regulations of RISD, including those for student code of conduct and attendance, and that violation of the District's rules and regulations may result in revocation of the transfer agreement. The effective date of the revocation will be set in accordance with the written transfer agreement. Transfers shall be granted for one school year at a time. (RISD does not discriminate on the basis of race, color, religion, sex, national origin, or disability in its programs and activities.)

Parent/Guardian's Name: _____ Home Phone: _____ Cell Phone: _____

Address: _____ City: _____ Zip: _____

I understand that, if approved, the transfer is granted conditionally on student behavior, academic effort, and attendance, including tardies and that the transfer may be revoked. It is effective for one school year only. I understand that transportation to the requested school is my responsibility.

Parent/Guardian Signature: _____ Date: _____

FOR OFFICE USE ONLY

Receiving Principal: _____ Date: _____ Approve Disapprove

Comments/Reason for Disapproval: _____

Typed Name of Receiving District Superintendent: Mr. Hector O. Dominguez Approve Disapprove

Signature of Receiving District Superintendent: _____ Date: _____ Phone: (830) 239-4315