District Name: Runge ISD County District No.: 128903 Phone Number: (830) 239-4315

Runge ISD Application for Transfer of Non-Resident Student School Year 2023-2024

Received:	/	/	
Time:			
Notification:	/	/	

		S	FUDENT INFORMATIO)N		
			ode Choices: (1)Hispanic (2) No			
**Race Code Choic	es: (3)White (4)B	lack/African A	merican (5)Asian (6)American	Indian or Alakan Native (7) Hav	waiian/Pacific Islander	
	MT.1	**		N (D' (' (M	D :	Grade
C. I. A.	*Ethnic	*Race		Name of District You	District & Campus Atter	
Student Name	Code	Code(s)	Social Security Number	Currently Reside in	Previous Year	2023-2024
	THIS SECTI	ON MUST	BE COMPLETED BY P.	ARENT OR GUARDIAN	V	
Parent/Guardian Name: Address: I understand that, if approved, the transfer is g	iminate on the b	nasis of race, on a stude on stude s	color, religion, sex, national Home P City: cnt behavior, academic effor understand that transportati	origin, or disability in its pro hone: t, and attendance, including	ograms and activities) Cell Phone: Zip Code:	·
		I	FOR OFFICE USE ONL	Y		
Receiving District Principal: Mrs. Angelina Torres					Approve □	Disapprove □
Signature of Receiving District Principal:					Date:	
Comments/Reason for Disapprova						
		0 D :			4	D.
Receiving District Superintendent: Mr. Hector O. Dominguez					Approve □	Disapprove
Signature of Receiving District Principa	ıl:				Date:	