

Runge ISD

Application for Transfer of Non-Resident Student School Year 2026-2027

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

Received: _____ / _____ / _____
 Time: _____
 Notification: _____ / _____ / _____

STUDENT INFORMATION

*Ethnic Code Choices: (1)Hispanic (2) Non-Hispanic
 **Race Code Choices: (3)White (4)Black/African American (5)Asian (6)American Indian or Alaskan Native (7) Hawaiian/Pacific Islander

Student Name	*Ethnic Code	*Race Code (s)	Social Security Number	Name of District You Currently Reside in	District & Campus Attended Previous Year	Grade Level for 2026-2027

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. Any 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 Name: _____ Home Phone: _____ Cell Phone: _____
 Address: _____ City: _____ Zip Code: _____

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. I understand that it is effective for one school year only. I understand that transportation to and from the requested school is my responsibility.

Parent/Guardian Signature: _____ Date: _____

FOR OFFICE USE ONLY

Printed Name of Receiving Campus Principal: _____ Approve Disapprove
 Signature of Receiving Campus Principal: _____ Date: _____
 Comments/Reason for Disapproval: _____

Printed Name of Receiving District Superintendent: _____ Approve Disapprove
 Signature of Receiving District Superintendent: _____ Date: _____