

**SIDNEY INDEPENDENT SCHOOL DISTRICT** COUNTY DISTRICT NUMBER: **047-905**

**4100 HWY 1689**  
**Sidney, Texas 76474**

**APPLICATION FOR STUDENT TRANSFER**  
**2026-2027**



**Authority for Data Collection:** Texas Education Code 21.061; Civil Action 5281, Section A  
**Planned Use of Data:** To complete the report required by Federal Court Order Civil Action 5281  
**Instructions:** This form must be used for all student transfers within the State of Texas, including hardship. The Superintendent and Principal of the receiving district must circle **approved** or **disapproved** and sign the transfer form.

**\*Resident School District is the school district that you live in.**

**THIS SECTION MUST BE COMPLETED BY PARENT:**

STUDENT NAME	SOCIAL SECURITY NUMBER	DOB	*RESIDENT SCHOOL DISTRICT NAME	STUDENT GRADE LEVEL

I understand that, if approved, the transfer is granted conditionally based on the following criteria: program availability, discipline history, academic performance, and attendance, including tardies. A transfer is granted for one school year only. I understand that transportation to the requested school is my responsibility. I understand that a transfer student school placement may be changed to accommodate resident students, and in some cases, previously approved transfers may be revoked due to space limitations. The transfer may be revoked based on Board Policy FDA(LOCAL) to the extent permitted by law. I understand that falsification of information is a Class A Misdemeanor and can lead to legal action.

**I certify that the information above is true and correct. I have read, understood, and signed the Transfer Agreement Request.**

Parent/Guardian Signature: \_\_\_\_\_ Parent/Guardian Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

**THIS SECTION MUST BE COMPLETED BY CAMPUS:**

STUDENT NAME	SOCIAL SECURITY NUMBER	DOB	RESIDENT SCHOOL CO. DIST. NO.	RESIDENT CAMPUS NO.	CAMPUS STUDENT ATTENDED PRIOR	GRADE	RECEIVING DISTRICT CAMPUS NO.

The above transfer(s) was **approved / disapproved** on this date: \_\_\_\_\_

Signature of Receiving Campus Principal: \_\_\_\_\_  
*Deanna Drummond, Principal*

The above transfer(s) was **approved / disapproved** on this date: \_\_\_\_\_

Signature of Receiving Superintendent: \_\_\_\_\_  
*James Rucker, Superintendent*

**Office Use Only**  
 PEG Qualify \_\_\_\_\_ according to TEA Public Education Grant List for 2016-2017 school year. Attribution Code **03** if qualifies for PEG. Based on Campus ID of Residence.