

District Name: Runge ISD  
 County District No.: 128903

## Runge ISD Application for Transfer of Non-Resident Student School Year 2024-2025

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 Alakan 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 24-25

### 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

Receiving District Principal: Mrs. Angelina Torres Approve  Disapprove   
 Signature of Receiving District Principal: \_\_\_\_\_ Date: \_\_\_\_\_  
 Comments/Reason for Disapproval: \_\_\_\_\_

Receiving District Superintendent: Mr. Hector O. Dominguez, Jr. Approve  Disapprove   
 Signature of Receiving District Superintendent: \_\_\_\_\_ Date: \_\_\_\_\_ Phone: (830) 239-4315