

CHECK (✓) ONE:

Returning Student: \_\_\_\_\_  
New Student: \_\_\_\_\_



APPLICATION WILL NOT  
BE ACCEPTED OR  
PROCESSED UNTIL ALL  
INFORMATION IS  
TURNED INTO CENTRAL  
OFFICE

**BISHOP CONSOLIDATED INDEPENDENT  
SCHOOL DISTRICT  
APPLICATION FOR ADMISSION  
SCHOOL YEAR 2024-2025**

<b>NAME OF STUDENT</b>	<b>DATE OF BIRTH</b>	<b>STUDENT ID</b>	<b>LAST 4 DIGITS SS#</b>
<b>NAME OF PARENT/GUARDIAN</b>	<b>ADDRESS</b>	<b>CITY, STATE ZIP</b>	<b>PHONE NUMBERS</b>
<b>E-MAIL</b>			
(Please Circle)			
GRADE LEVEL FOR 2023-2024: K 1 2 3 4 5 6 7 8 9 10 11 12			
GRADE LEVEL FOR 2024-2025: K 1 2 3 4 5 6 7 8 9 10 11 12			
<b>DISTRICT ATTENDED 2023-2024</b>		<b>NAME OF SCHOOL 2023-2024</b>	
<b>COMPLETE ADDRESS OF SCHOOL</b> _____			
<b>COMPLETE PHONE NUMBER OF SCHOOL</b> _____			
<b>SPECIAL PROGRAMS</b>			
<b>SPECIAL EDUCATION</b> _____		<b>ESL PROGRAM</b> _____	
<b>GIFTED &amp; TALENTED</b> _____		<b>504</b> _____	
<b>SPECIAL REQUIREMENT COMMENTS:</b>			
<b>CHARACTER REFERENCE:</b>			
1.			
2.			
<b>STUDENT SIGNATURE</b>	<b>DATE</b>	<b>PARENT/GUARDIAN SIGNATURE</b>	<b>DATE</b>
<b>APPROVED</b>	<b>DENIED</b>	<b>APPROVED</b>	<b>DENIED</b>
_____		_____	
<b>CAMPUS PRINCIPAL</b>	<b>DATE</b>	<b>SUPERINTENDENT</b>	<b>DATE</b>
<b>REASON FOR DENIAL</b>			

Revised 12/29/2023

**PLEASE RETURN COMPLETED APPLICATION TO BISHOP CISD CENTRAL OFFICE**

OR E-MAIL TO: [srose@bishopcisd.net](mailto:srose@bishopcisd.net) or [lolvera@bishopcisd.net](mailto:lolvera@bishopcisd.net)

**Texas Education Agency**  
**Division of Equal Education Opportunity**  
**Application for Transfer**  
**FY 2024-2025**

*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 of the receiving district must circle approved or disapproved and sign the transfer form. For further information, contact the Division of Equal Education Opportunity at (512) 463-9671.*

**RESIDENT District:** \_\_\_\_\_

**RESIDENT School:** \_\_\_\_\_

Student's Name	Ethnic Code	Current Attendance Data Student's Residence		District Student Attended Prior Year	Grade	Campus Assigned in Receiving District
		Co. Dist. No.	Campus No.	Co. Dist. No.		Campus No.

**Student Social Security Number (Last 4 Digits)** \_\_\_\_\_ **Student ID #** \_\_\_\_\_

*This section must be completed by the parent or guardian I have been informed of the receiving district's policy concerning tuition charges if any, for a transferred student whose grade is taught in the student's district of residence; and I accept responsibility for the payment of tuition.*

Signed \_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Street Address** **City, State, Zip**

**This section must be completed by the receiving district superintendent:**

The above transfer was      **Approved**      **Disapproved**      on this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

Typed Name of Receiving District Superintendent	Date	Telephone	Signature
Christina Gutierrez		(361) 584-3591	

**One copy should be retained at both districts for audit purposes. Do Not Mail to the Texas Education Agency. ACC-041AR92**

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**STUDENT NAME**

**CONDITIONS OF TRANSFER ACCEPTANCE FORM  
Bishop Consolidated Independent School District  
719 East Sixth Street  
Bishop, Texas 78343**

**ALL TRANSFERS:**

We have read and understand the Bishop C.I.S.D. Board of Trustees policy FDA (LEGAL) and policy FDA (LOCAL) regarding admissions and transfers.

By our signatures, we accept, understand, and will abide by the conditions of transfer set forth in the above referenced policies.

Guardian Signature: \_\_\_\_\_

Guardian Signature: \_\_\_\_\_

*(Please do not write below this line)*

**STATE OF TEXAS  
COUNTY OF NUECES**

*This instrument was acknowledged before me on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.*

*Notary Public in and for THE STATE OF TEXAS*

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**NOTARY SIGNATURE**

**SEAL**