



**TRANSFER APPLICATION FOR
STUDENTS LIVING IN PLAN AREA 276
(TUSCANY MEADOWS)**

**ELEMENTARY
2019-2020**

(Only Applicable for Approved 2019-20 Rezoning)

KILLEEN INDEPENDENT SCHOOL DISTRICT
P.O. Box 967
Killeen, Texas 76540-0967

PLEASE PRINT

_____ ID NUMBER _____ SCHOOL ATTENDED 2018-2019 _____

1. Name of Pupil _____
(Last) (First) (Middle) (Date of Birth)

2. Name of Parent/Guardian _____ Telephone _____

3. Address _____
(Street) (City) (Zip Code)

4. With whom does the pupil live? Parent _____ Guardian _____ Other _____
(Please specify.)

Requests Transfer

5. From: _____ Elem. School To: _____ Elem. School Grade: _____
(2019-2020)

6. Is the student presently participating in or planning to participate in any UIL activities? Yes ___ No ___
If yes, do you understand that a transfer can have implications for UIL eligibility? Yes ___ No ___
7. Is the student currently attending school on an approved transfer? Yes ___ No ___
8. Do you understand that transfers may be denied/revoked for students who violate rules of discipline, attendance, tardies or are late being picked up? (Board Policy FDB) Yes ___ No ___
9. Do you understand that it is a criminal offense to knowingly make a false entry on this document and that a person who knowingly makes a false entry may be subject to criminal penalties? Yes ___ No ___

PLEASE NOTE:

- **This transfer provision is only available until the Rosewood Dr extension to Chaparral Rd is completed and/or the start of the 2020-2021 school year.**
- **Transportation of students attending a campus on an approved transfer is the responsibility of the parent/guardian.**
- **This transfer provision is forfeited if a student decides to attend another district campus or withdraws from Killeen ISD.**

SIGNATURE OF PARENT/GUARDIAN

DATE

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Granted ___ Denied ___ _____
Receiving Principal Signature Date

(SUBMIT THIS FORM TO REQUESTED CAMPUS BY APRIL 26, 2019)