



SPECIAL CONSIDERATION TRANSFER APPLICATION FOR SIBLINGS OR GRANDFATHERED HOUSEHOLDS

ELEMENTARY
2018-2019

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

PLEASE PRINT

_____ ID NUMBER

_____ SCHOOL ATTENDED 2017-2018

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: _____
(2018-2019)

6. Provide name(s) and grade(s) of sibling(s) currently attending requested campus:

7. Is the student presently participating in or planning to participate in athletics, band, choir, or any other UIL activities? Yes ___ No ___ If yes, list activities and level on line below. Ex: Varsity volleyball, etc

Do you understand that a transfer can have implications for UIL eligibility? (i.e. A sibling transfer will not be eligible for varsity at the transfer school during the first year enrolled at that campus.) Yes ___ No ___

8. Is the student currently attending school on an approved transfer? Yes ___ No ___

9. 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 ___

10. 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 ___

IMPORTANT: Transportation of students attending a campus on an approved transfer is the responsibility of the parent/guardian.

SIGNATURE OF PARENT/GUARDIAN

DATE

=====

Granted ___ Denied ___ Date: _____

Receiving Principal Signature

SUBMIT THIS FORM TO REQUESTED CAMPUS BY APRIL 27, 2018.