



SIBLING SPECIAL CONSIDERATION TRANSFER APPLICATION

ELEM SCHOOL
2017-2018

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

PLEASE PRINT

ID NUMBER

SCHOOL ATTENDED 2016-2017

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. Campus Requested: _____ Elementary School

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, junior varsity football, 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 revoked for students who violate rules of discipline, attendance, or tardies? (See excerpts from Board Policy FDB attached.) 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 ___

SIGNATURE OF PARENT/GUARDIAN

DATE

SUBMIT THIS FORM TO REQUESTED CAMPUS BY APRIL 1, 2017.