

COUNTY/DISTRICT NO: \_\_\_\_\_

**APPLICATION FOR OUT-OF-DISTRICT STUDENT TRANSFER**

**KILGORE INDEPENDENT SCHOOL DISTRICT**

301 N. KILGORE ST; KILGORE, TX 75662 ♦ TELEPHONE (903)988-3900 ♦ FAX (903)983-3212 ATTN: Student Services

- Date of Application: \_\_\_\_\_  NEW  Continuing  
 School Year Applying For: \_\_\_\_\_  KISD EMPLOYEE  
 CAMPUS/DEPT Employed: \_\_\_\_\_

PLEASE PRINT		STUDENT INFORMATION		(COMPLETE ONE APPLICATION PER STUDENT)	
STUDENT'S NAME:					
SOCIAL SECURITY NO.		DATE OF BIRTH			
STUDENT ID NO (for existing students)		RECEIVING CAMPUS			
CURRENT GRADE LEVEL:		REQUESTED GRADE LEVEL			
PHONE NUMBER:					
HOME ADDRESS: (PHYSICAL ADDRESS)		MAILING ADDRESS:			
STUDENT LIVES WITH:		<input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> BOTH <input type="checkbox"/> OTHER (Name/Relationship) _____			
MOTHER/GUARDIAN NAME:					
FATHER/GUARDIAN NAME:					
OTHER SIBLINGS/GRADE LEVEL:					
TRANSFER REQUEST INFORMATION					
SCHOOL DISTRICT IN WHICH STUDENT RESIDES:					
CAMPUS STUDENT WOULD ATTEND IN THAT DISTRICT:					
SCHOOL DISTRICT LAST ATTENDED:					

**Required Documents (must be attached with application): (New Transfers Only)**

- Most recent report card or transcript  Attendance and Discipline Documentation  Prior Year STAAR Testing Results  
 Proof of residence in "home" district

**Current Services: (check all that apply)**

- \_\_\_\_ 504  
 \_\_\_\_ Dyslexia  
 \_\_\_\_ SpEd  
 \_\_\_\_ Bi-Lingual/ESL  
 \_\_\_\_ GT

**(Please initial next to each statement below and sign)**

I understand that, if approved, the transfer is granted conditionally based on the following criteria: campus availability, discipline history, academic performance, and attendance (including tardies). The transfer may be revoked based on Board Policy *FDA* (LOCAL), to the extent permitted by law.

- \_\_\_\_ It is effective for one school year **ONLY** and application must be renewed.  
 \_\_\_\_ **I understand that transportation to and from KISD is my responsibility.**  
 \_\_\_\_ I understand that I must work collaboratively with KISD staff regarding my child. I understand that approval may be denied if there is insufficient space in the appropriate grade level.  
 \_\_\_\_ I understand that falsification of information is a Class A Misdemeanor which can lead to legal action and will result in revocation of the transfer.  
 \_\_\_\_ I have read and understand the District Policy and Transfer Agreement on out-of-district transfers.  
 \_\_\_\_ I agree to abide by all rules and regulations set forth in this policy.

\_\_\_\_\_  
 Parent/Guardian Signature

\_\_\_\_\_  
 Date

COUNTY/DISTRICT NO: \_\_\_\_\_

**FOR DISTRICT USE ONLY**

This transfer was  approved  denied on (today's date): \_\_\_\_\_

Reason for Denial: 1. Grades 2. Attendance 3. Discipline 4. Space Availability Reason #: \_\_\_\_\_

Date Parent Notified: \_\_\_\_\_  Letter  Phone

Superintendent/Designee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

FEE: Amount Paid: \_\_\_\_\_ Check No.: \_\_\_\_\_ Cash: \_\_\_\_\_ Initials: \_\_\_\_\_