

## **Krum ISD Non-KISD Resident Interdistrict Transfer Information**

### **Krum ISD Interdistrict Transfer Guidelines**

All approved transfer applications are granted for one school year at a time. Transfer students must submit a new transfer application annually.

The transfer forms will be available during the transfer window beginning on June 1 of each school year. Completed applications are to be turned into the desired campus starting the first Monday in June during summer office hours. First submitted is first considered.

**\*NO ELECTRONIC SUBMISSIONS WILL BE ACCEPTED\***

### **Consideration of Transfer Request – Policy FDA(LOCAL)**

In evaluating each transfer request, Krum ISD will consider the following:

- Individual needs of the student and reason provided on the transfer request;
- Student's behavior and attendance history;
- Overall effect the transfer will have on the home and receiving school; \*
- Current enrollment and growth projections;
- Teacher allocations and class size; and/or
- Other factors relevant to a particular transfer request.

*\*Krum ISD will not increase staff allocations to accommodate transfer requests.*

*Consideration of the effect of the transfer may differ at elementary and secondary schools. Krum ISD generally will deny or freeze a request seeking transfer to campuses where the affected grade level enrollments are projected at 90 percent or greater of class size expectations. Secondary – Various factors will be considered to determine whether the transfer would negatively affect the particular campus's ability to maintain reasonable class sizes.*

### **Transportation**

Krum ISD only provides transportation for transfer students if required by law. Parents will be responsible for providing transportation to and from the campus.

*Contact the registrar at the campus of attendance for questions:*

*DHE: Kimberly Smith [940-435-7703](tel:940-435-7703)/[kimberly.smith@krumisd.net](mailto:kimberly.smith@krumisd.net)*

*DYER: Amber Boulay [940-435-7554](tel:940-435-7554)/[amber.boulay@krumisd.net](mailto:amber.boulay@krumisd.net)*

*DODD: Kathy Leonard [940-435-7154](tel:940-435-7154)/[kathy.leonard@krumisd.net](mailto:kathy.leonard@krumisd.net)*

*KMS: Brandy Hudson [940-435-7608](tel:940-435-7608)/[brandy.hudson@krumisd.net](mailto:brandy.hudson@krumisd.net)*

*KHS: Katie Bailey [940-435-7296](tel:940-435-7296)/[katie.bailey@krumisd.net](mailto:katie.bailey@krumisd.net)*

**APPLICATION for NONRESIDENT STUDENT REQUEST FOR INTERDISTRICT TRANSFER into KRUM ISD**

New KISD student

Returning KISD student

Student's name: \_\_\_\_\_ School Year Requesting: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Grade for the requested school year: \_\_\_\_\_ Campus Requested: \_\_\_\_\_

Current address: \_\_\_\_\_

**Campus and school district in which student resides (ex., Pink Elem., Frisco ISD):** \_\_\_\_\_

Parent/Guardian name: \_\_\_\_\_

Parent/Guardian address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Is either parent/guardian employed by Krum ISD?

Yes

No

**During the last/current school year, did the student:**

1. Have an overall attendance rate of 90% or better?

Yes

No

2. Have an overall grade of 70 in all grading periods/semesters?

Yes

No

3. Pass all sections of STAAR (or equivalent assessment)?

Yes

No

4. Remain in good disciplinary standing (no DAEP/ISS/OSS; no more than two disciplinary referrals per semester).

Reason for transfer request: \_\_\_\_\_

*If you would like to include additional information on any of the above, please attach a separate letter of explanation.*

**FIRST TIME TRANSFER REQUESTS ONLY**

*(Transfer students currently attending KISD schools may skip this section and move to signatures)*

**REQUIRED DOCUMENTS (MUST BE ATTACHED TO APPLICATION IN ORDER TO BE SUBMITTED)**

\_\_\_\_\_ 1. Most recent report card

\_\_\_\_\_ 2. Test scores (STAAR or if K-2, use TPRI, DRA, or other assessments)

\_\_\_\_\_ 3. Documentation of attendance and disciplinary records

\_\_\_\_\_ 4. Transcript (HS only)

**SPECIAL SERVICES BEING PROVIDED:**

\_\_\_\_\_ None \_\_\_\_\_ ESL \_\_\_\_\_ 504 \_\_\_\_\_ Dyslexia \_\_\_\_\_ Speech \_\_\_\_\_ Special Education (attach IEP)

\_\_\_\_\_ Other: \_\_\_\_\_

I understand that transfers are governed by Board Policy FDA (Local) and are evaluated based on the following criteria: program availability, discipline history, academic performance, and attendance. A transfer is granted for one school year only. I have read and understand the District policy on out-of-district transfers, and I agree to abide by all rules and regulations set forth in this policy. I understand that transportation to the requested school is my responsibility. I further understand that falsification of information is a Class A Misdemeanor and can lead to legal action.

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

Principal \_\_\_\_\_  Approved  Denied (reason) \_\_\_\_\_

Superintendent \_\_\_\_\_  Approved  Denied (reason) \_\_\_\_\_

Date Parent/Guardian Notified \_\_\_\_\_ Letter/Email \_\_\_\_\_ Phone \_\_\_\_\_ In-Person \_\_\_\_\_

*Submit this application to the campus office.*