



# Kerrville Independent School District Application for Inter-District Student Transfer Transfer for School Year 2024-2025

## **SECTION I – STUDENT APPLICATION**

### **Reason for Requesting Transfer:** {Please circle as applicable}

1. Student taking academic courses not offered in the school of residence.
2. Student's parent is employed by the district and contributes to TRS
3. Other Reason: \_\_\_\_\_

Student's name \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

### **Current Address:**

Physical Address, City, State, Zip Code \_\_\_\_\_

Mailing Address, City, State, Zip Code \_\_\_\_\_

School District Where Student Resides: \_\_\_\_\_

Name of Campus Student Would be Attending: \_\_\_\_\_

Parent/Guardian(s) Name: \_\_\_\_\_

Home/Cell phone number: \_\_\_\_\_ Work phone number: \_\_\_\_\_

### **Student Academic Record:**

Please provide the following information:

1. Attendance Records from the previous year
2. Copy of Report Card/Transcript including student's state standardized test (STAAR/EOC) results
3. Copy on student's state and/or national progress or norm test results (PSAT, SAT/ACT, ITBS, TSI, etc.)
4. Copy of Discipline Record from previous school district
5. Check special program(s) which currently apply to student
  - G/T  Special Education  Speech  504  ESL  Other

I have been informed of KISD's policy concerning a request for an inter-district transfer student whose grade is taught in the student's district of residence. A transfer may be revoked if the student has been absent without an excuse acceptable to the campus principal for 10% or more of the number of days of school. A transfer may be revoked if the student engages in behavior or conduct, on or off campus that: (1) resulted in the placement of the transfer student in the district disciplinary alternative school; (2) resulted in being charged with, convicted of, or deferred adjudication for a felony offense or for a misdemeanor offense that contains any element of assault or is drug or gang related; and (3) disrupted the learning environment, placed others in harm, and/or negatively impacted the orderly operation or climate of the school. Transportation is not provided for inter-district transfers. (See Policy and/or Regulations FD, FDA, FDAA) I give consent that KISD administrators and support staff may contact my child's current and previous schools and districts to obtain any information sought to assist in determining my child's academic, disciplinary, and attendance qualifications for transfer.

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

Printed Name: \_\_\_\_\_

**SECTION II – CAMPUS ADMINISTRATOR INTERVIEW**

**Date of conference** with parent and student: \_\_\_\_\_  
In person \_\_\_\_\_ Over the phone \_\_\_\_\_

Is student currently enrolled in Kerrville ISD \_\_\_\_\_ Yes \_\_\_ No

Student's grade level for year of requested transfer: \_\_\_\_\_

Are there any siblings? \_\_\_\_\_ Yes \_\_\_\_\_ No

On what other campuses: \_\_\_TES \_\_\_DES \_\_\_NES \_\_\_SES \_\_\_HPMS \_\_\_THS \_\_\_ECC

Reviewed student's number of credits earned: \_\_\_ Yes \_\_\_ No  
(required for High School student transfer only)

Reviewed attendance records/transcripts/discipline with Student and Parent? \_\_\_\_\_ Yes \_\_\_\_\_ No

Did the student participate in varsity athletics in the school year prior to the year for which a transfer is requested?  
\_\_\_\_\_ Yes \_\_\_ No \_\_\_ NA If yes, list sport(s):

If this request is for a transfer during a school year, is the student participating in a varsity sport currently? \_\_\_ Yes  
\_\_\_\_\_ No \_\_\_\_\_ NA If yes, list sport(s):

Has the Student/Athlete met with the Athletic Director prior to this conference? \_\_\_ Yes \_\_\_ No \_\_\_ A.D.(Initials)

**Principal/Assistant Principal Checklist: (Administrator must initial)**

\_\_\_\_\_ Contacted student's previous district to discuss Attendance

\_\_\_\_\_ Contacted student's previous district to discuss discipline

\_\_\_\_\_ Contacted student's previous district to discuss special programming

\_\_\_\_\_ Inquired with student's previous district if there is any other information Kerrville ISD should know regarding the student

**Principal Recommendation:** \_\_\_\_\_ Transfer Approved \_\_\_\_\_ Transfer Denied

Reason for denial: \_\_\_\_\_

Principal Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian notified by campus on: \_\_\_\_\_ by: \_\_\_ Letter \_\_\_ Phone of Approval or Denial