

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:	☐ MOTHER ☐ FATHER ☐ BOTH ☐ 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

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: _____