

APPLICATION FOR INTER-DISTRICT STUDENT TRANSFER

KERRVILLE INDEPENDENT SCHOOL DISTRICT

1009 Barnett Street, Kerrville, TX 78028 - Phone (830) 257-2200 Ext. 1011 Fax (830) 257-2249

Date: _____

Transfer Request for School Year: 2017-2018

NEW

RENEWAL

STUDENT/TRANSFER INFORMATION

Ethnic Code: (1) American Indian or Alaskan Native; (2) Asian or Pacific islander; (3) Black, not Hispanic; (4) Hispanic; (5) White, not Hispanic

Student Name (Last, First, Middle Initial) Ethnic Code (see above) Grade Date of Birth

District in which student resides & campus name student would be attending District student attended last year Campus in KISD

Student Name (Last, First, Middle Initial) Ethnic Code (see above) Grade Date of Birth

District in which student resides & campus name student would be attending District student attended last year Campus in KISD

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District in which student resides & campus name student would be attending District student attended last year Campus in KISD

THIS SECTION MUST BE COMPLETED BY PARENT/GUARDIAN

Parent/Guardian Name (Last, First) Work Phone # Cell Phone # Email Address

Mailing Address City State Zip Code Home Phone #

Street Address City State Zip Code

Is parent/guardian a KISD employee? Yes No If yes, give location: _____

Parent/Guardian Affirmation (For All Transfers)

I have been informed of KISD's policy concerning tuition charges for a transfer student whose grade is taught in the student's district of residence and I accept responsibility for the tuition payment. A transfer may not be approved or will be revoked if all rules and regulations of KISD are not followed including student disciplinary or attendance problems that exist or occur. KISD will initiate withdrawal of student(s) for delinquent payments. Transportation is not provided for inter-district transfers. (See Policy and/or Regulations FD, FDA, FDAA) Contact your campus to determine if a meeting with a campus administrator needs to be scheduled. If there are two or more children in a family attending different campuses each campus will need to be contacted.

FOR NEW KISD TRANSFERS ONLY: (Consent to contact previous school/district and schedule meeting with campus administrator)

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. I also understand that I must schedule a meeting for myself and child with the campus administrators and provide the campus with the information listed on the second page.

Signature of Parent/Legal Guardian

Date

(TURN OVER)

Minimum Required Documentation (if applicable) for Transfer Consideration and Campus Meeting for New KISD Transfers (has to be completed at each campus the children are attending)

To be considered for transfer status, parents/guardians must provide to the campus administration:

- Attendance records from the previous three academic years;
- Any discipline referrals;
- Academic transcripts and records from the first year of school through the current year;
- Individual student state standardized test (STAAR/EOC) results; and
- Individual student state and/or national progress or norm test results (PSAT, SAT/ACT, ITBS, TPRI, etc).

For All Transfers:

- * The campus and/or District will require the completion of the transfer application for transfer students in good standing from previous years.
- * The campus and/or District may require transfer students in questionable standing from previous years to have a meeting with their campus administrator before a transfer application can be completed.
- * The campus and District will not approve a transfer application for students not in good standing from previous academic years.
- * The campus and District shall consider classroom space and resources availability in transfer decisions.

CAMPUS ADMINISTRATORS USE ONLY

KISD Campus Name: _____ Transfer(s) Approved: _____ Transfer(s) Disapproved: _____

Meeting Date(s): _____

Campus Administrator's Signature Date

KISD Campus Name: _____ Transfer(s) Approved: _____ Transfer(s) Disapproved: _____

Meeting Date(s): _____

Campus Administrator's Signature Date

KISD Campus Name: _____ Transfer(s) Approved: _____ Transfer(s) Disapproved: _____

Meeting Date(s): _____

Campus Administrator's Signature Date

KISD Campus Name: _____ Transfer(s) Approved: _____ Transfer(s) Disapproved: _____

Meeting Date(s): _____

Campus Administrator's Signature Date

SUPERINTENDENT'S OFFICE USE ONLY

The above transfer(s) was approved/disapproved on this the _____ day of _____, 2017/18.

Signature of District Superintendent