



SPECIAL CONSIDERATION TRANSFER
APPLICATION FOR SIBLINGS OR
GRANDFATHERED HOUSEHOLDS

MIDDLE SCHOOL
2019-2020

KILLEEN INDEPENDENT SCHOOL DISTRICT
P.O. Box 967
Killeen, Texas 76540-0967

PLEASE PRINT

ID NUMBER

SCHOOL ATTENDED 2018-2019

1. Name of Pupil (Last) (First) (Middle) (Date of Birth)

2. Name of Parent/Guardian Telephone

3. Address (Street) (City) (Zip Code)

4. With whom does the pupil live? Parent Guardian Other (Please specify.)

Requests Transfer

5. From: Middle School To: Middle School Grade: (2019-2020)

6. Provide name(s) and grade(s) of sibling(s) currently attending requested campus:

7. Is the student presently participating in or planning to participate in athletics, band, choir, or any other UIL activities? Yes No If yes, list activities and level on line below. Ex: Varsity volleyball, etc.

Do you understand that a transfer can have implications for UIL eligibility? (i.e. A sibling transfer will not be eligible for varsity at the transfer school during the first year enrolled at that campus.) Yes No

8. Is the student currently attending school on an approved transfer? Yes No

9. Do you understand that transfers may be denied/revoked for students who violate rules of discipline, attendance, tardies or are late being picked up? (Board Policy FDB) Yes No

10. Do you understand that it is a criminal offense to knowingly make a false entry on this document and that a person who knowingly makes a false entry may be subject to criminal penalties? Yes No

IMPORTANT: Transportation of students attending a campus on an approved transfer is the responsibility of the parent/guardian.

SIGNATURE OF PARENT/GUARDIAN

DATE

Granted Denied Date: Receiving Principal Signature

SUBMIT THIS FORM TO REQUESTED CAMPUS BY APRIL 26, 2019.