



KEENE ISD
School Year 2021-2022

Out of District Transfer Application for Non – Resident Student
(ONE APPLICATION PER CHILD)

OFFICE USE ONLY

- | | |
|--------------------------|---------|
| <input type="checkbox"/> | NEW |
| <input type="checkbox"/> | REAPPLY |

COUNTY: _____

DISTRICT: _____

SCHOOL : _____

The completion of this application is a request for out of district transfer only. Keene ISD will determine whether the transfer request is granted; the request is not granted until the Superintendent’s signature appears on the Out of District Student Transfer Agreement.

NOTICE: A person making a false statement in this document or any document for the purpose of school enrollment commits a criminal offense under §37.10 of the Texas Penal Code and is subject to imprisonment or fine. Further, a person enrolling a child under false documents violates §25.001 of the Texas Education Code and is subject to liability for tuition or costs under Texas Law.

Students Full Name as appears on SS Card	Social Security Number	School Year	Grade

Parent/Guardian (Father) _____ (Mother) _____

Address where Father resides: _____
Street City State Zip

Address where Mother resides: _____
Street City State Zip

Address where Student resides: _____
Street City State Zip

Father’s Phone Number: _____ Mother’s Phone Number: _____

Father’s E-mail Address: _____ Mother’s E-mail Address: _____

Current or Last School of Attendance: _____ Grade: _____

DISTRICT OF RESIDENCE: _____ SCHOOL NAME OF RESIDENCE: _____

Check appropriate special program (if applicable):

- Special program/class Program/Class _____ (RSP, SDC, APE, S/L, OT, GATE)
- Section 504 Accommodations
- Currently suspended or expelled

I have read and understand the regulations and policies governing interdistrict attendance permits (on following pages) and hereby submit my application. I declare under penalty of perjury that the information provided above is true and accurate. I understand that this form will be subject to verification.

Printed Name (Parent/Guardian)

Signature (Parent/Guardian) Date: _____

For School District Office Use Only

As the authorized administrator of the district of desired attendance, I recommend the following action:

- Approval to attend
- Disapproval

Signature _____ Date _____ Enrollment Date: _____

Reason for denial _____

****** ALL THE FOLLOWING INFORMATION IS REQUIRED TO BE CONSIDERED A COMPLETE TRANSFER APPLICATION******

ATTENDANCE INFORMATION: Please complete table below.

Number of Days the Student was Enrolled	Prior School Year (Specify Year)	Current School Year (Specify Year)

****STUDENT'S ACADEMIC RECORD OR TRANSCRIPT: PARENT IS RESPONSIBLE FOR GATHERING THE REQUIRED DOCUMENTS LISTED BELOW. KEENE ISD IS NOT OBLIGATED TO CALL PREVIOUS SCHOOL DISTRICT TO GET COPIES. DELAY IN GETTING THESE DOCUMENTS WILL DELAY THE ACCEPTANCE PROCESS AND SPACE IS LIMITED.****

- **REPORT CARD / TRANSCRIPT**
- **DISCIPLINE RECORD**
- **ATTENDANCE RECORD**
- **STATE ASSESSMENT RESULTS (STAAR)**

GENERAL INFORMATION: Please mark the appropriate response on each item below.

Is Student a child of a full time KISD employee?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Was Student enrolled in KISD in the preceding year as a transfer student?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Is Student a sibling of a previously approved transfer student?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

If yes, what is siblings name: _____ KISD campus _____

ATTENDANCE INFORMATION: Has the student experienced any of the following:

More than 5 absences in the current or preceding school year?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
More than 5 tardies in the current or preceding school year?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Number of absences for the current school year	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Number of absences for the preceding school year		

If the student missed more than 10% of the days in the current or prior school year, please provide and explanation:

DISCIPLINE INFORMATION:

Has the student ever been suspended out of school, placed in DAEP, expelled, or placed in JJAEP? If Yes, explain: _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Is the student currently on probation or other conditional release for a conviction of a criminal offense? If yes, explain: _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Is the student on probation or other conditional release for delinquent conduct?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Has the student ever been assigned to In-School Suspension or suspended from campus? If yes, explain: _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO

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ACADEMIC RECORD:

Did the student pass all courses and get promoted to the next grade level?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Did the student pass all portions of the state assessments or meet all of IEP goals? (If no, please list all portions not meeting state passing standard with scale score) _____ _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
Is student on the A or AB Honor Roll?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Commended on any portion of the State Assessment?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Enrolled in Honors, Pre-AP, AP or Dual Credit courses?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Participate in any extra-curricular activity? (ex. Band, Choir, Art, FFA, FCCLA, UIL, Math Pentathlon, Athletics, etc.) If yes, please list: _____ _____	<input type="checkbox"/> YES <input type="checkbox"/> NO

UIL

In compliance with UIL requirements, students residing with parents outside of district boundaries will not be eligible for VARSITY athletic competition for 1 year from the date the student enrolled in KISD.

I certify that the discipline information above is true and correct to the best of my knowledge.

Student Name

Parent Signature

Date

OUT OF DISTRICT TRANSFER AGREEMENT
Keene Independent School District
2021-2022

This Transfer Agreement establishes the terms and conditions for _____
("student") to attend the **Keene ISD** ("district") as a transfer student for the 2021-2022 school year.

The student is a resident of the _____ Independent School District

The student's parent or other person having lawful control of the student ("parent"):

NAME: _____

DAYTIME PHONE NUMBER: _____

EMAIL: _____

Student's parent or legal guardian requests that the student be permitted to attend Keene District schools in the 2021-2022 school year and agrees to the following terms and conditions for that transfer:

1. This transfer is effective for the current school year only. District approval of this transfer creates no right or expectation that the student will be admitted as a transfer for any subsequent year.
2. This transfer is approved for the named student only. District approval of this transfer creates no right or expectation that another student from the same family will be admitted as a transfer.
3. The student must maintain acceptable levels of attendance, academic achievement, and compliance with the Student Code of Conduct throughout the entire school year. Acceptable levels are defined as:
 - a. Attendance that does not place the student at risk of losing credit under Education Code 25.092 or require that district to warn the parent or the student of truancy proceedings under the Education Code 25.095:
 - b. Academic achievement that results in a passing grade in all courses by the end of the semester. At the end of each grading period, the student should receive no more than one grade that is below passing; and
 - c. Compliance with the Student Code of Conduct that results in no offenses requiring removal to an Alternation Education Program or expulsion and no more than two referrals each semester for other Code of Conduct infractions.
4. Parent(s) must comply with and observe all District policies and reasonable District and campus procedures and requirements.
5. The superintendent may revoke the transfer of a student who fails to maintain an acceptable level of attendance, academic achievement, or compliance with the Student Code of Conduct during a semester or who fails to pay tuition on time.
6. The superintendent may revoke the transfer of student whose parent(s) do not comply with and observe all District policies and reasonable District and campus procedures and requirements.
7. If this agreement is revoked, revocation ordinarily will be effective at the end of a semester; however, the Superintendent has discretion to revoke the transfer at the end of a grading period in which a standard for continued admission is violated. If this agreement is revoked for nonpayment of tuition, revocation will be effective immediately. Policy FDA (LOCAL) explains the procedure for

revocation.

8. The parent or the student will be responsible for transportation to and from the district school to which the student is assigned
9. Except as modified by this Transfer Agreement, the student will be subject to all policies, regulations, rights, privileges, and responsibilities of enrollment in the district as if he or she resided in the district.
10. In compliance with UIL requirement, students residing with parents outside of district boundaries will not be eligible for **varsity** athletic competition for 1 year from the date the student enrolled in KISD.

The District and the parent agree that this transfer agreement is the entire agreement controlling the admission and enrollment of the student in the District for the **2021-2022** school year.

Student Name: _____

Parent's signature: _____

Date: _____

Principal's signature: _____

Date: _____

Superintendent's signature: _____

Date: _____