

<b>FOR OFFICE USE ONLY:</b> Date Received _____		<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	Effective Date _____
Signature of Executive Director for Campus Administrative Support	Method of payment:		Date of Written Notification	
	<input type="checkbox"/> Cash	<input type="checkbox"/> Money Order (# _____)		
Amount Paid \$ _____	Date Received: _____	Received by: _____		

Katy Independent School District  
**Application for Interdistrict Transfer for Eligible Employees' Children**  
 (For Transfer from another District to Katy ISD)

**DEADLINE FOR SUBMISSION – APRIL 15, EACH SCHOOL YEAR**

This application applies ONLY to children of full-time Katy ISD employees who do not reside in the District and who were hired prior to February 26, 1996 and have maintained continuous service. This application must be completed and submitted, along with a nonrefundable \$10.00 application fee **per child**, to the campus principal who will then forward the application to the Student Transfer Office at the Katy ISD Education Support Complex for approval. Payment must be made by cash or money order (payable to Katy ISD).

Employee Information				
Employee's Name: Last	First	Middle	Campus/Department	
Home Address: Street	City	State	Zip	
Job Title	Date of Employment	Hours worked each week		
Home Phone:	Work Phone:			

As a district employee, I meet the eligibility criteria required to apply for an interdistrict transfer for my child(ren) (named below) and hereby submit this application. I understand that if the transfer is approved that I must be an eligible, full-time employee at the beginning of the upcoming school year in order for the transfer to be valid. I understand that the District will determine the school closest to my workplace. I understand that transportation to and from school is the parent's responsibility and that students who have a documented pattern of late arrivals, late pick ups, and/or poor attendance or who become discipline problems may be withdrawn from Katy ISD. Written notification of the revocation shall be sent to the school district of residence.

Employee's Signature	Date
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**Complete the following information for EACH student that you are requesting to attend Katy ISD.**  
 (\*Ethnic Codes: 5-White, 4-Hispanic, 3-Black, 2-Asian, 1-American Indian)

Student(s) Information				
Student's Name: Last	First	Middle	Student ID Number	*Ethnic Code
			Grade Level	
School District of "Home" Residence:			Campus the student would attend in "Home" district	
Katy ISD Campus Requested (closest to employee's workplace)			Did student attend Katy ISD last year?	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Student's Name: Last	First	Middle	Student ID Number	*Ethnic Code
			Grade Level	
School District of "Home" Residence:			Campus the student would attend in "Home" district	
Katy ISD Campus Requested (closest to employee's workplace)			Did student attend Katy ISD last year?	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Student's Name: Last	First	Middle	Student ID Number	*Ethnic Code
			Grade Level	
School District of "Home" Residence:			Campus the student would attend in "Home" district	
Katy ISD Campus Requested (closest to employee's workplace)			Did student attend Katy ISD last year?	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	

Note: Approval of an interdistrict transfer does not guarantee UIL varsity athletic eligibility. Contact the District's Athletic Department to obtain an application regarding a UIL residence waiver, if applicable. In addition, high school students are not guaranteed parking privileges, if applicable.

**Return this form to the campus principal along with the \$10.00 application fee per child. The principal will forward the application to the Student Transfer Office for approval.**

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Comments:

Original: ADA Clerk/Registrar  
 Copy To: Student Transfer Office