

**KLEIN INDEPENDENT SCHOOL DISTRICT
INTRADISTRICT SCHOOL TRANSFER REQUEST
(NON-LICENSED CHILD CARE PROVIDERS)**

Due to the child care arrangements delineated below, request is hereby made for the student(s) listed to be permitted to attend the schools indicated in lieu of the KISD designated home school:

<u>Name of Student</u>	<u>Grade</u>	<u>Home School</u>	<u>School Requested</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Parent/Guardian Information

Name _____
Address _____
Phone # _____

*I hereby acknowledge that all information on this form is true and correct.
I agree to notify the Klein ISD of any changes affecting the child care arrangements.*

Parent's Signature

Subscribed and Sworn to before me, this _____ day of _____, 20_____

Notary Public

Child Care Provider Information

Name _____
Address _____
Phone # _____

I hereby acknowledge that the above information is true and correct and that I am providing child care before and/or after school for the above mentioned student(s).

Signature of Child Care Provider

Subscribed and Sworn to before me, this _____ day of _____, 20_____

Notary Public

****BOTH SIGNATURES MUST HAVE A NOTARY SEAL OR STAMP BY THEM****

**THE GIVING OF FALSE OR MISLEADING INFORMATION ON STUDENT
ENROLLMENT IS A MISDEMEANOR OFFENSE.**