

APPLICATION FOR TRANSFER
WEIMAR INDEPENDENT SCHOOL DISTRICT
506 WEST MAIN STREET
WEIMAR, TX 78962
ADMINISTRATION 979-725-6330

For School Year 2018-2019

Elementary 979-725-6009

Jr. High 979-725-9515

High School 979-725-9504

Date: _____/_____/_____

1. Transfer request for current year? _____ or next school year? _____ Grade for school year of application _____

2. Name of Student: _____ Race: _____
Last First MI

3. Student's Date of Birth: Month: _____ Day: _____ Year: _____ Age: _____ Sex: _____

4. Present address of parent or legal guardian: _____
Address City Zip Code
Telephone Number

5. With whom does student live as a permanent resident: Father ___ Mother ___ Both Parents ___ Other ___

6. Father's Name: _____ Mother's Name: _____

7. Is parent/guardian an employee of Weimar ISD? Yes _____ No _____

8. School district in which student resides: _____

9. School student would attend in that district: _____

10. School last attended: _____ District: _____

11. Did student use a transfer last semester? Yes _____ No _____

12. Give specific reasons (in detail) why student is requesting this transfer: _____

13. I certify all the information given is true and accurate to the best of my knowledge. If a transfer is granted on false information, it is subject to revocation. I understand that I am making a one year commitment, and that my child is expected to follow the WISD code of conduct. I understand that the Weimar Independent School District reserves the right to revoke transfers, during the school year, of individuals with excessive absences or discipline referrals.

Transfers must be renewed each year.

Signature of Parent or Legal Guardian

Transfer Approved _____

Transfer Denied _____

Principal's Signature

Date