FOR SCHOOL YEAR
2026-2027

APPLICATION FOR TRANSFER
WEIMAR INDEPENDENT SCHOOL DISTRICT
1189 HWY 90 W
WEIMAR, TX 78962
ADMINISTRATION 979-725-6300
ELEMENTARY 979-725-6009, JUNIOR HIGH 979-725-9515, HIGH SCHOOL 979-725-9504

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 lse information, it is subject to revocation. I understand that I am making a one year commitment, and that my ild is expected to follow the WISD code of conduct. I understand that the Weimar Independent School District serves the right to revoke transfers, during the school year, of individuals with excessive absences or discipline ferrals.

ransfers must be renewed each year.

_____
Signature of Parent or Legal Guardian

ansfer Approved_____ Transfer Denied _____

_____ _____
Principal's Signature Date