

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

For School Year
2022-2023

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