

APPLICATION FOR TRANSFER

FOR SCHOOL YEAR

2023-2024

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

2.	Name of Student:					Race:		
	Last		First			MI		
3.	Student's Date of Birth:	Month:	Day:	Year: _	Ag	e:	Sex:	
i.	Present address of parent	or legal guardiar	•				7in Cada	
		•	Address		City		Zip Code	
•	With whom does student l	live as a perman		Father		_ Both Pa	rentsOther	
	Father's Name: Mother's Name:							
	Is parent/guardian an emp	loyee of Weima	r ISD? Yes _	No				
١.	School district in which stu	ident resides:						
	School student would atte							
0.	School last attended: District:							
1.	Did student use a transfer	last semester?	Yes		No			
2.	Give specific reasons (in d	etail) why stude	nt is request	ing this trai	nsfer:			
							•	
		- *						
	I certify all the information in the information in the information, it is subject in the information.							
hil	d is expected to follow the	WISD code of co	onduct. I un	derstand th	at the Wei	mar Inde	pendent School Di	
	erves the right to revoke transfer.	•	he school ye	ar, of indiv	iduals with	excessive	e absences or disc	
.	nsfers must be renewed eac							
ıra	nsiers must be renewed eac	ar year.		Si	gnature of P	arent or l	egal Guardian	
Transfer Approved				Transfer Denied				
						,		
	Drincina	l's Signature				Dat	e ' '	