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

SCHOOL YEAR 2026-2027

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

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

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

4. Present address of parent of legal guardian: _____ (Address) _____ (City) _____ (Zip Code)

_____ (Email Address) _____ (Home Phone) _____ (Cell Phone)

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)