FOR SCHOOL YEAR

2025-2026

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 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