APPLICATION FOR TRANSFER

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

For School Year 2016-2017

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