

## **APPLICATION FOR TRANSFER**

**FOR SCHOOL YEAR** 

2024-2025

## 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	Fir	st	MI		
3.	Student's Date of Birth: Month:	Day: Y	ear:	Age:	Sex:	
4.	Present address of parent or legal guardian:					
		Address	City		Zip Code	
5.	With whom does student live as a pen	•	one Number er Mothe		nts Other	
6.	Father's Name: Mother's Name:					
7.	Is parent/guardian an employee of Weimar ISD? Yes No					
3.						
	School district in which student resides:					
Э.	School student would attend in that di	strict:		<u>-</u>		
lO.	School last attended:		District:			
11.	Did student use a transfer last semest	er? Yes	No			
12.	Give specific reasons (in detail) why st	udent is requesting thi	s transfer:			
			<del></del>	····		
				<u> </u>		
	I certify all the information given is tr information, it is subject to revocatio					
:hile	d is expected to follow the WISD code	of conduct. I understa	nd that the V	Veimar Indepen	dent School D	
	rves the right to revoke transfers, duri rrals.	ng the school year, of i	ndividuals w	ith excessive ab	sences or disc	
Trai	nsfers must be renewed each year.					
			Signature	of Parent or Lega	l Guardian	
Tra	nsfer Approved	Transf	Transfer Denied			
		·				
	Principal's Signature			Date		