



**This form REQUIRES an Administrator's signature, prior to arrival at Student Records.**

**This form is ONLY VALID for the actual school year and must be renewed yearly.**

**Please print all information - ONE FORM PER STUDENT**

Date: \_\_\_\_\_ School Name: \_\_\_\_\_ School #: \_\_\_\_\_

Signature of Principal /Administrative Official: \_\_\_\_\_ Date: \_\_\_\_\_

\*By signing this form I agree that the student mentioned below has met the requirements for a FWISD Out of District Transfer.

PreK \_\_\_ Regular \_\_\_ Choice \_\_\_ PEG \_\_\_ Student's Social Security #: \_\_\_\_\_

**STUDENT:** Last Name First Name Middle Name

Date of Birth 2020-2021 Grade Level Gender

Address City Zip Code Phone Number

**Where Student Attended Last School Year of 2019-2020:**

Name of District Name of School District Number

**Where Student Currently Resides:**

Name of Home School District Name of Home School Home District Number

**Name of FWISD School is Your Student Enrolling for this School Year of 2020-2021:**

\_\_\_\_\_  
School Name

**Please explain the reason for transferring into FWISD:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent Printed Name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_