

WELLS ISD #037-909

April 17, 2017

**APPLICATION FOR TRANSFER
FOR YEAR 2017-2018**

FORM MUST BE RETURNED BEFORE MAY 31, 2017

PLEASE PRINT

STUDENTS COMPLETE NAME

LAST _____ FIRST _____ MIDDLE _____

SOCIAL SECURITY # _____

DATE OF BIRTH _____

SEX _____

ETHNIC GROUP _____

GRADE STUDENT WILL BE IN _____

DISTRICT WHERE STUDENT RESIDES _____

DISTRICT # _____

DISTRICT STUDENT ATTENDED LAST YEAR _____

DISTRICT # _____

THIS SECTION MUST BE COMPLETED BY PARENT OR GUARDIAN:

PLEASE PRINT

PARENT OR GUARDIAN _____

ADDRESS CITY STATE ZIP

PHONE _____ WORK/CELL _____

SIGNATURE OF PARENT/GUARDIAN _____