

WELLS ISD #037-909
APPLICATION FOR TRANSFER
FOR YEAR 2019-2020

PLEASE PRINT

STUDENT'S COMPLETE NAME

LAST _____ FIRST _____ MIDDLE _____

SOCIAL SECURITY # _____

DATE OF BIRTH _____

SEX _____

ETHNICITY _____

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 _____