



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: _____