



**WES-DEL COMMUNITY SCHOOLS
TRANSFER STUDENT APPLICATION**

Date of Application

Student's Name _____
(Please Print)

Home Address _____

City

State

Zip Code

Telephone Number (_____) _____
Area Code

Age _____ Birth Date _____ Last Grade Attended _____

School District in which your home is located: _____

Did the student attend Wes-Del Community Schools last year? _____

School last attended: _____

City

State

Zip Code

Reason(s) for wanting to attend Wes-Del Schools: _____

(Over)

Other siblings attending Wes-Del Community Schools _____

Parent/Guardian _____
(Please Print)

Address _____

_____ City State Zip Code

Telephone Number (_____) _____
Area Code

I have received a copy and understand the Student Transfer Admission Guidelines of Wes-Del Community Schools. In the event that information is obtained that shows the student has violated the criteria of admission, I agree that the student will be withdrawn immediately.

Parent/Guardian Signature

Student Signature

An application must be filled out for each student.

FOR OFFICE USE ONLY:

Action Taken: Application Approved _____ Date _____

Application Disapproved _____ Date _____

Signature of School Official