



WYLIE ISD ORCHESTRA PROGRAM
TRANSFER FORM

Name of Student _____ Grade _____

Birthdate: _____ Transfer for School Year _____

School Currently Attending _____ Current Grade _____

Transfer From: _____ to _____
(school assigned to residence)

Siblings:

Name: _____ Grade _____

Transfer from: _____ To: _____

Name: _____ Grade _____

Transfer from: _____ To: _____

Name: _____ Grade _____

Transfer from: _____ To: _____

Parent/Guardian _____

Address _____

Home Phone _____ Cell/Business Phone _____

If parent is employed by Wylie ISD: Campus _____ Position _____

AFTER READING, SIGN BELOW: I have read carefully, considered, and agree to ALL of the conditions as stated in Wylie ISD Policy FDB (LOCAL) which is attached to this form. I understand that if my student decides to no longer participate in the orchestra program, the transfer for him/her along with any siblings will be revoked and he/she/they must return to their home campus. I understand that this transfer may be revoked if there are attendance, low grade, or discipline issues.

_____ Date

_____ Signature of Parent/Guardian

Office Use Only: Approved _____ Denied _____
Superintendent

NOTES: _____

Date Parent Notified _____