

# Request for Interdistrict Transfer for Non-Resident Admission School Year 2022-2023

**For Office Use Only**

Student ID# \_\_\_\_\_

Note that this agreement does not guarantee student eligibility to play or participate in co- or extra-curricular activities. Students and schools are subject to all Oregon School Activities Association and other appropriate eligibility guidelines. Parents and students must be aware that a transferred student may be ineligible for a certain period of time. They may also be ineligible if and/or when they return to their home district.

## Student Information/Parent Request

Legal Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_

Parent/Guardian(s) Name(s) \_\_\_\_\_

Residential Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

Email Address \_\_\_\_\_

Primary Phone of Parent/Guardian \_\_\_\_\_ Secondary Phone \_\_\_\_\_

I/We, the parent/guardian(s) of the above student who reside in the \_\_\_\_\_ School District, requests a transfer to the \_\_\_\_\_ School District to attend \_\_\_\_\_ (name of school)

**Has the student been or in the process of being expelled in the last year?** \_\_\_\_ **Reason:** \_\_\_\_\_

I understand that I am responsible for the transportation of this student if this application is granted. (Initial) \_\_\_\_\_

Optional Comments: \_\_\_\_\_

**Granting the request does not guarantee acceptance to another district, nor to a specific school within the accepting district.**

An approved agreement may be revoked by the non-resident district for any of the following reasons:

1. The student shows a pattern of violating school rules and regulations;
2. The student has irregular attendance or chronic tardiness;
3. Any information on the request form is falsified.

I hereby certify that the information I have provided is true and I understand that falsely responding to any of the questions herein will result in denial and/or revocation of this request. I acknowledge that the resident and non-resident districts will exchange student educational records and other educationally relevant information.

Parent/Guardian Name (Person in Parental Relationship) \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

### For Office Use Only:

Final Action of Resident District:  Approved  Denied

Reason for denial: \_\_\_\_\_

Superintendent/Designee: \_\_\_\_\_ Date \_\_\_\_\_

Final Action of Non-Resident District:  Approved  Denied

Reason for denial: \_\_\_\_\_

Superintendent/Designee: \_\_\_\_\_ Date \_\_\_\_\_

Enrollment Date: \_\_\_\_\_ Withdrawal Date: \_\_\_\_\_ W/D Reason: \_\_\_\_\_