

Request for Interdistrict Transfer for Non-Resident Admission School Year 2024-2025

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: _____