



# Rogue River School District #35

School Year: **2023-2024**

## Interdistrict Transfer Request

Nonresident District: \_\_\_\_\_

Student's Legal Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Last First Middle

Parent/Guardian Name \_\_\_\_\_ Grade Level \_\_\_\_\_

Mailing Address \_\_\_\_\_  
Street Apt. # City State Zip

Primary Phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_ Email \_\_\_\_\_

Has the student been expelled at any time during the last 12 months for a reason involving a weapon? ☐ Yes ☐ No

Is the student currently under expulsion? ☐ Yes ☐ No If yes, term of expulsion: \_\_\_\_\_

Reason for expulsion: \_\_\_\_\_

Is there a sibling of this applicant currently attending in this district? ☐ Yes ☐ No

If yes, name of sibling and school attending: \_\_\_\_\_

Does the student have a transfer for this current school year? ☐ Yes ☐ No

I hereby certify 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 application. If my child is admitted, I agree to the conditions attached to this request, **including the responsibility of the parent to provide transportation and of the student to maintain good attendance and behavior.** This interdistrict transfer request may be revoked at any time by the receiving district if attendance and behavior requirements are not met.

**Please note:** Not all District programs and services are offered at each school location. Please confirm that your school choice has the programs and services to meet the needs of your student.

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

*If approved, this academic transfer does not constitute eligibility to participate in competitive interscholastic activities in the receiving school. Eligibility is determined by Oregon School Activities Association (OSAA) rules and the Nonresident District's Policy.*

### For Office Use Only:

Final Action of Resident District: ☐ Approved ☐ Denied

Reason or Comments: \_\_\_\_\_

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

Final Action of Nonresident District: ☐ Approved ☐ Mid-Year/Summer Move ☐ Wait List Lottery number \_\_\_\_\_ ☐ Denied

Reason or Comments: \_\_\_\_\_

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

## Request for Interdistrict Transfer

Date Received \_\_\_\_\_

School Year **2023-2024** \_\_\_\_\_

Non-resident District \_\_\_\_\_

Non-Resident School \_\_\_\_\_

Student's Last Name \_\_\_\_\_ Student's First Name \_\_\_\_\_ Student's Middle Initial \_\_\_\_\_

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

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Student's Date of Birth \_\_\_\_\_ Grade Enrolled In \_\_\_\_\_

Primary Phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_ Email \_\_\_\_\_

Reason for requesting this transfer (Attach additional explanation if necessary)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby certify 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 application. If my child is admitted, I hereby authorize the release of the student educational records to \_\_\_\_\_ (name of district) and certify that I am the parent or guardian in legal custody of the student.

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

*If approved, this academic transfer does not constitute eligibility to participate in competitive interscholastic activities in the receiving school. Eligibility is determined by Oregon School Activities Association (OSAA) rules and District Policy.*

**For Rogue River School District Use Only: (This form will not be sent to the receiving district)**

**Final Action of Resident District:** ☐ Approved ☐ Denied

**Reason or comments:** \_\_\_\_\_

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

May 2017