



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 **2022-2023** _____

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