

INTERDISTRICT TRANSFER AGREEMENT FOR NON-RESIDENT ADMISSION
School Year 2016-17

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 when they return to their home district.

STUDENT INFORMATION/PARENT REQUEST

Name (Legal Name) _____ Birth Date ___/___/___ Grade _____ Age _____ Gender _____

Parent/Guardian(s) Name(s) _____

Resident Address _____ City, Zip Code _____

Mailing Address (if different) _____

Primary Phone _____ Secondary Phone _____

I/We, the parent/guardian(s) of the above student(s) who reside in the _____ School District, request a transfer to the _____ School District to attend _____ (name of school) for the following reasons (use back of form if more space needed):

Has the Student been or in the process of being Expelled? ___ Yes ___ No Reason _____

I understand that I am responsible for the transportation of this student if this request is granted. (Initial) _____

This student is being received as a *guest* and this agreement may be revoked if: (1) the student shows a pattern of violating school rules and regulations; (2) the student does not meet specific written conditions of the transfer; (3) any information on this form is falsified; and/or (4) the student has irregular attendance or chronic tardiness.

Pursuant to ORS 336.195 permission is hereby granted by the parent/guardian to release student records including confidential information to the receiving school district.

The Resident District holds the responsibility of ensuring a free, appropriate public education (FAPE) in the least restrictive environment (LRE) for students on an Individualized Education Program (IEP). OAR 581-021-0019(3) (d)

Completion of this form does not ensure a transfer will be granted.

By completing and signing this form, you acknowledge that both parent/legal guardian(s) and student(s) have read, understand, and agree to all conditions of this Inter-district Transfer Agreement.

Parent/Guardian Signature

Date

FOR OFFICE USE ONLY	
Final Action of Resident District: _____	Approved _____ Denied _____ Reason for Denial/Comments: _____
Superintendent/Designee: _____	Date: _____
Final Action of Non-Resident District: _____	Approved _____ Denied _____ Reason for Denial/Comments: _____
Superintendent/Designee: _____	Date: _____