



Central Point School District

2016-2017

Inter-District Transfer Request

School preference: _____

Student's Legal Name _____ Birth Date _____
Last First Middle

Parent/Guardian Name _____ Current Grade Level _____
Last First Middle

Home Address _____ Apt. Complex Name _____
Street Apt. # City State Zip

Mailing Address _____
(If different) Street Apt. # City State Zip

Primary Phone _____ Secondary Phone _____ Email _____

Is the student currently under expulsion? Yes No

If yes, what was the reason? _____

Expelled from which district? _____

Is there a sibling of this applicant currently attending in District requested? _____ Yes _____ No

If yes, name of sibling and school attending: _____

Granting the request does not guarantee acceptance to another District.

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 inter-district 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 Wait list Lottery number _____

Reason or comments: _____

Superintendent/Designee: _____ Date: _____

Final Action of Receiving District: Approved Denied Wait list Lottery number _____

Reason or comments: _____

Superintendent/Designee: _____ Date: _____