



Continuation School Year _____ Transfer Request

Resident District _____

Receiving District _____

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? _____

_____ We have moved and request that our child be permitted to remain in his/her present school to
 Initial complete the school year. Move Date: _____

_____ I understand that Parents/Guardians must provide transportation to and from school within
 Initial the school schedule.

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.

Please note: This transfer is valid for the remainder of this school year.

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:

Current Year Continuation

Summer Move Continuation