



School Year \_\_\_\_\_  
Requested District \_\_\_\_\_

## Resident Interdistrict Transfer Release Request

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

Parent/Guardian Name \_\_\_\_\_ Grade Level \_\_\_\_\_  
Last First Middle (for school year above)

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: \_\_\_\_\_

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 understand it is **the responsibility of the parent to provide transportation**. This interdistrict transfer request may be revoked at any time by the receiving district if attendance and behavior requirements are not met.

**Please note:** Granting the request does not guarantee acceptance to another District.

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.***

**Please submit this form to the Medford School District, 680 Biddle Road, Medford, OR 97504.**

**For Office Use Only:**

**Resident District Action:**  Approved  Denied  Wait list  Lottery number \_\_\_\_\_

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

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