



Jefferson School District 14J

1328 N. 2nd Street, Jefferson, OR 97352
Phone: 541-327-3337 ext. 1051
Email completed form to: jennifer.oertel@jefferson.k12.or.us

Request for Nonresident Student Admission

The eligibility of transferring students wishing to compete in interscholastic activities will be determined by rules set by Oregon School Activities Association (OSAA). If you have questions about OSAA eligibility, contact the administrator at the receiving school **prior to completing this form.**

Transfer Requested To: _____ School Year Requested: 20 ____ – 20 ____
(school where you want to attend)

Student: _____ Age: _____ Grade Level: _____
Legal First Name Legal Middle Name Legal Last Name

Address: _____
Street/Apt. # PO Box City Zip

Is, or was the student a resident of this district in the current school year? Yes No If yes, provide move date: _____

Does the student have a transfer for the current school year? Yes No

Is the student(s) currently expelled from any school district? Yes No If yes, state the reason below:

List other students in the household currently transferring or requesting a transfer:

Student: _____ School _____ Grade _____

Student: _____ School _____ Grade _____

Inter-district transfer requests, once approved, remain valid until high school graduation. However, I understand that, if approved, this transfer may be revoked if my student's attendance, conduct, or academic effort becomes unsatisfactory. By signing below, I assume full responsibility for all transportation, and I authorize the release and exchange of all confidential information regarding the student named in this request.

Parent/Guardian Printed Name: _____ Relationship to Student: _____

Parent/Guardian Email Address: _____

Parent/Guardian's Primary Phone: (____) _____ Alternate Phone: (____) _____

Parent/Guardian Signature: _____ Today's Date: _____

Resident District	Receiving District
Principal's Signature (if required) _____ Date _____	Principal's Signature (if required) _____ Date _____
Resident District Superintendent/Designee Signature _____ Date _____	Resident District Superintendent/Designee Signature _____ Date _____
<input type="checkbox"/> Approved <input type="checkbox"/> Denied Reason: _____	<input type="checkbox"/> Approved <input type="checkbox"/> Denied Reason: _____
_____	_____
_____	_____

