

School Year:	
School Preference:	

Student's Legal Name:				В	Birthdate:
	Last	First	Middle		
Parent/Guardian Name:					Grade:
,	Last	First	Middle		For school year above
Home/Physical Address				0.77	
Mailin a Address	Street, Apt #			City, State and	ZIP
Mailing Address:					
Primary Phone:			Secondary Pho	one:	
Email:			_		
Is the student currently u	·	n? Yes 🗖 No			
If yes, what is the reason?					
Expelled from which distr	ict?				
Is, or was the student pre	viously a resid	lent of the Phoen	ix-Talent School Distri	ct? Yes 🗖 No	
If yes, please provide the	move/moving	g date:			
Was your student previou	ısly on a Sumr	mer or Mid-Year	Move Transfer? Yes	□ No □	
Does your student have d	ny siblings wh	no are attending	Phoenix-Talent School	ols? Yes 🗖 No	
If yes, what's the name of	the sibling(s)	and school(s) th	ney're attending?		
and/or revocation of this red the parent to provide transprequest may be revoked at a Please note: Not all District p	quest. If my child cortation and of any time by the programs and se	I is admitted, I agre If the student to ma receiving district if ervices are offered	ee to the conditions attace aintain good attendance attendance, grades, and at each school location	ched to this request, in the character of the character o	
PARENT/GUARDIAN SIGNATU	JRE:				Date:
* If approved, this transfer of Eligibility is determined by 0	Dregon School A	Activities Associatio	n (OSAA) rules and the N	lonresident District's i	Policy.
PLEASE SUBMIT THIS F	ORM TO THE	DISTRICT OFFIC	CE, 401 WEST 4TH ST	REET, PHOENIX, O	OR 97535
FOR OFFICE USE ONLY:	Approved	☐ Wait List	☐ Mid-Year	Move	
Phoenix District Action:	Denied	Lottery #	Summer N	Move - Move Date:	
Reason/Comments:					
Superintendent/Designee: _					
RESIDENT DISTRICT ACTION:	☐ App	proved	ied 🗖 Wait List	Lottery #	_
Reason/Comments:					
Superintendent/Designee: _				Date:	