



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 their present school to
 Initial complete the school year. Move Date: _____

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.

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 continuation transfer request may be revoked at any time by the receiving district if attendance and behavior requirements are not met.

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