



LIZI AGUILAR-NELSON, SARA LEROY, KEVIN WALKER,  
Directors, Elementary Education

MATT BIONDI, LARRY RAMIREZ,  
Directors, Secondary Education

2450 Lancaster Dr. NE, Ste. 200 • PO Box 12024 • Salem, Oregon 97309-0024

Andrea Castañeda, Superintendent

### INTENT TO RENEW

SALEM-KEIZER SCHOOL DISTRICT 24J NON-RESIDENT TRANSFER  
REMAIN IN DISTRICT APPLICATION

**PLEASE PRINT**

Complete this application when a non-resident student advances from elementary to middle school or middle to high school.

Requested School Year: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Requested School: \_\_\_\_\_ Resident School District: \_\_\_\_\_

**STUDENT INFORMATION**

Legal Last Name: \_\_\_\_\_ Legal First Name: \_\_\_\_\_ Legal Middle Initial \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Date of Birth: \_\_\_\_\_ Current Grade: \_\_\_\_\_ Grade For Year Requested: \_\_\_\_\_

Is student currently under expulsion? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, why? (attach additional pages if necessary): \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION**

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Primary Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

*Incoming Students: Once accepted to Salem-Keizer Public Schools, my student will be required to maintain at least 90% attendance, arrive to class on time and comply with SKSD's policies, procedures, and school rules. This agreement may be revoked at any time by the district for failure to meet any of these requirements.*

Parent/Guardian Initials: \_\_\_\_\_

*Parents are reminded that this transfer application, if approved, will allow the student to complete an academic transfer, but does not guarantee eligibility to participate in competitive interscholastic activities at the receiving school. Competitive eligibility is determined by Oregon School Activities Association (OSAA) rules. If you have questions about OSAA eligibility, contact the building administrator at the receiving school prior to completing this transfer.*

Initials: \_\_\_\_\_

***I understand that the parent is responsible for transportation.*** I further understand that there must be an ongoing positive relationship between the parent/guardian(s) and the school that enhances the probability of success for the transfer student, the other students in the school and the teachers. Requests for transfers will be reviewed by the receiving district annually.

Initials: \_\_\_\_\_

**SIGNATURE OF PARENT/GUARDIAN:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Final Action of Receiving District:**

Approved  Denied (reason \_\_\_\_\_)

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

**Please email to your resident school or:**  
 Mail, email or drop off the completed form: Salem-Keizer Public Schools - Attn: Level Office  
 2450 Lancaster Drive NE #200 • PO Box 12024 • Salem OR 97309-0024  
 503.399.2632 • FAX: 503.375.7817 • [transfers@salkeiz.k12.or.us](mailto:transfers@salkeiz.k12.or.us)