

School Year:	
Requested District: _	

Secondary Pines   Medde   First   Medde   Fi	Student's Legal Name:							Birthdate:	
List   First   Middle   For Achoed year actions		Last	First	Middle				_	
Mailing Address:   Street Apt #   City, State and Zip	Parent/Guardian Name:							Grade:	
Street, Agni # City, State and Zip  Milling Address:   Secondary Phone:   Secondary Phone		Last	First	Middle					For school year above
Mailing Address:	Home/Physical Address	Street, Apt #			Ci	ty, State and Zig	1		
Primary Phone:	Mailing Address:	, ,				.,,			
Email:  Is, or was the student a resident of the requested school district? Yes   No    If yes, please provide the date you moved into the Phoenix-Talent School District:  Does your student have any siblings who are currently attending the requested district? Yes   No    If yes, what school is/are the sibling(s) enrolled in?  I hereby certify that I am a current resident of the Phoenix-Talent Schools' boundaries and I understand that I, if admitted to another district, I must provide that district any requested address verification documentation per their enrollment policy as allowed under Oregon laws, I certify that all 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 approved, this 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  PARENT/GUARDIAN SIGNATURE: Date:  Please enter a detailed statement below explaining the reason for the release request:    Please enter a detailed statement below explaining the reason for the release request:    Please enter a detailed statement below explaining the reason for the release request:    Please enter a detailed statement below explaining the reason for the release request:    Please enter a detailed statement below explaining the reason for the release request:    Please enter a detailed statement below explaining the reason for the release request:    Please enter a detailed statement below explaining the reason for the release request:									
Is, or was the student a resident of the requested school district?	Primary Phone:			Sec	condary Phon	e:			
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Please enter a detailed statement below explaining the reason for the release request:    FOR OFFICE USE ONLY:	provide that district any r information I have provid this application. *If approx	requested addi led is true and oved, this trans	ress verification of I understand that I understand tons	documentation po It falsely respondi Stitute eligibility t	er their enroll ing to any of t o participate	ment policy the question in competition	as allowed u s herein will ve interschol	ınder Oregon l result in denia astic activities	aws. I certify that all the I and/or revocation of
Please enter a detailed statement below explaining the reason for the release request:    FOR OFFICE USE ONLY:	DARENT/GUARDIAN SIGNAT	I IRE:						Dat	٥٠
Approved as a Mid-Year or Summer Move  RESIDENT DISTRICT ACTION: Approved Denied Unait List Lottery#  Reason/Comments:	Please enter a detai	led stateme	nt below expl	aining the rea	son for the	release re	quest:		
Approved as a Mid-Year or Summer Move  RESIDENT DISTRICT ACTION: Approved Denied Unait List Lottery#  Reason/Comments:									
RESIDENT DISTRICT ACTION: Approved Denied Wait List Lottery #  Reason/Comments:	FOR OFFICE USE ONLY:								
Reason/Comments:	☐ Approved as a Mid-Y	ear or Summe	er Move						
Superintendent/Designee:	RESIDENT DISTRICT ACTION:	☐ Approv	ed	nied 🗖 v	Wait List	☐ Lottery	#		
REQUESTED DISTRICT ACTION:	Reason/Comments:								
Reason/Comments: Superintendent/Designee: Date:	Superintendent/Designee: _						Da	te:	
Superintendent/Designee: Date:	REQUESTED DISTRICT	ACTION:	Approved	☐ Denied					
	Reason/Comments:								
	Superintendent/Designee						Da	te:	