



INTER-DISTRICT TRANSFER APPLICATION
LEBANON COMMUNITY SCHOOL DISTRICT #9
485 S. 5TH ST., LEBANON, OR 97355

ORS 339.133(3)
Policy JECB-AR
Revised: 9/5/00, 3/26/14, 3/17/25

School Year: _____

- Application Window:
 May 1 – June 1
 December 15 – January 15
 Following Relocation

Transfer From: _____ Resident School District _____

Transfer To: _____ Receiving School District _____

Parent/Guardian: _____

Resident Address: _____

Telephone: (Work) _____ (Home) _____ E-mail: _____

Name of Student(s)	DOB	GRADE
1.		
2.		
3.		
4.		

Is student(s) currently expelled from any school district? _____

Reason for request: _____

Conditions: I understand the Lebanon Community School District #9 reserves the right to immediately revoke permission for an inter-district transfer student to attend district schools whose attendance or conduct do not meet the criteria set in Board Policy JECB and Administrative Regulation JECB-AR.

- Inter-district transfer requests, once approved remain valid until high school graduation.
- Parent or guardian will be responsible for transportation to and from the school.
- An approved transfer does not guarantee enrollment at a particular school. Students wishing to transfer between district schools must follow in-district transfer procedures.
- The sending district will release state basic funds to the receiving district for the current school year.

High School Students Please Note: Inter-district transfers can affect eligibility of interscholastic activities that are governed by the OSAA. Students and parents should investigate these regulations carefully when transferring.

I agree to the above conditions and understand that it is necessary and required for me to assume all responsibility for transportation.

Signature of Parent/Guardian: _____ Date: _____

RESIDENT DISTRICT	RECEIVING DISTRICT
<input type="checkbox"/> Approved <input type="checkbox"/> Denied _____ Signature of Superintendent/Designee (Resident District) Date Reasons for Approval/Denial: _____ _____ Additional Conditions: _____ _____	<input type="checkbox"/> Approved <input type="checkbox"/> Denied _____ Signature of Superintendent/Designee (Receiving District) Date Reasons for Approval/Denial: _____ _____ Additional Conditions: _____ _____

FOR RESIDENT DISTRICT USE ONLY	
Date received at District Office _____	Date sent to receiving district _____

