

SOUTH LANE SCHOOL DISTRICT 45J3 Inter-District Transfer Agreement Request Form

SCHOOL YEAR: _____
RESIDENT DISTRICT: _____
NON-RESIDENT DISTRICT: _____

FOR DISTRICT OFFICE USE ONLY

Student ID _____
Date Rec'd _____
 Inter-district Student
 Tuition Student

Legal Last Name: _____ Legal First Name: _____ Legal Middle Name _____
Date of Birth _____ (MM/DD/YYYY) *Current Grade _____
Physical Address: _____
City: _____ State: _____ Zip: _____
Parent/**Guardian Name: _____
Parent Email: _____ Parent Phone: _____

Is the student currently under expulsion? Yes No

If yes, please state the reason: _____

Date of expulsion: __/__/____ Is the expulsion still in effect? Y / N Expelled from which district: _____

CONDITIONS REGARDING INTER-DISTRICT TRANSFER AGREEMENT APPROVAL

under ORS 339.125 and the policies adopted by the South Lane School District Board of Directors:

1. **Admittance of Non-Resident Students**
The South Lane School District (SLSD) shall admit a student who is a resident of another district and will provide them with the same instruction and services offered to SLSD's resident students, in accordance with applicable laws and regulations.
2. **Funding and Reporting Requirements**
SLSD shall claim state support funds for the student listed on the front of this form. The district will submit all required reports to the Oregon Department of Education, including those related to enrollment, withdrawal, and student attendance.
3. **OSAA Eligibility**
Students admitted from other districts may not be eligible to participate in OSAA-sanctioned athletics and activities through the South Lane School District.

*South Lane SD does not accept transfer requests from 12th graders.

** Legal guardians are required to provide court documents appointing them as guardians.

I hereby certify that 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 request. I acknowledge that the resident and non-resident districts will exchange student educational records and other educationally relevant information. I have read, understand and agree to the conditions/requirements listed on the reverse side of this agreement.

Signature of Parent/Guardian: _____ Date: _____

Parent/Guardian Name: _____

INTER-DISTRICT/TUITION TRANSFER APPROVAL

Resident District Action: Approved Denied Reason for Denial/Add'l Comments: _____

Superintendent/Designee Signature

Date

Non-Resident District Action: Approved Denied Reason for Denial/Add'l Comments: _____

Superintendent/Designee Signature

Date