North Santiam School District

Request for Interdistrict Transfer Out of NSSD

(NSSD resident who wishes to enroll in another school district)

PLEASE PRINT

School Year Transfer Request is Effective: ☐ Current Year ☐ Next Year		Today's Date:	
Student's Legal Last Name:	Student's Legal First Name:	Legal Middle Name:	
Residential Address:	City:	State:	Zip:
Date of Birth:	Grade Level: (when transfer will occur)		
Parent/Guardian Name (Person in Parental Relationship):		Primary Phone:	
Email Address:		Secondary Phone:	

Competitive sports and activity eligibility at the receiving school is determined by Oregon School Activities Association (OSAA) rules. If there are questions about OSAA eligibility, contact the Athletic Director at the receiving school prior to completing this transfer. Approval by North Santiam School District does not guarantee acceptance by another district. Once approved, this transfer approval from NSSD continues until the student graduates or until they move into another school district.

By signing below, understand that the receiving district is not responsible for transportation. I further understand that transfers may be revoked by the receiving district based on poor attendance or behavior.	
Signature of Parent/Guardian (Person in Parental Relationship):	Date:
Please forward my request to the following school district: (it is recommended that your school choice be included to expedite the process)	

Complete a separate form for each student and submit via email to communications@nsantiam.k12.or.us or fax to 503-769-3578

FOR NORTH SANTIAM SCHOOL DISTRICT USE ONLY:

Final Action: ☐ Approved ☐ Denied	Provided to receiving district by: ☐ email ☐ fax ☐ by parent Date:
Superintendent/Designee:	Date:

FOR RECEIVING DISTRICT USE ONLY:

Final Action : ☐ Transfer Approved ☐ Transfer Denied ☐ Wait List	
Student or Guardian Notified: ☐ Yes ☐ No	
Reason for denial (if applicable):	
Superintendent/Designee Name:	Date:
Superintendent/Designee Signature:	Date:

Grad Year_____