



PHOENIX-TALENT SCHOOLS

INTERDISTRICT TRANSFER

RELEASE REQUEST

School Year: _____

Requested District: _____

Student's Legal Name: _____ Birthdate: _____
Last First Middle

Parent/Guardian Name: _____ Grade: _____
Last First Middle For school year above

Home/Physical Address _____
Street, Apt # City, State and Zip

Mailing Address: _____
(if different)

Primary Phone: _____ 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? _____

Please provide a detailed explanation below with the reason for your *release* request. Use a separate sheet if more space is needed:

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.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

** 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.*

SUBMIT THIS FORM TO THE DISTRICT OFFICE: 401 WEST 4TH STREET | PHOENIX, OR 97535

FOR OFFICE USE ONLY:

Phoenix-Talent School District Action:

☐ Approved ☐ Denied ☐ Wait List

Comments: _____

Superintendent/Designee: _____ Date: _____