



PHOENIX-TALENT SCHOOLS

MID-YEAR OR SUMMER MOVE TRANSFER

Valid only for school year indicated

School Year: _____

Resident District: _____

Receiving 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 the student currently under expulsion? Yes ☐ No ☐

If yes, what is the reason? _____

Expelled from which district? _____

PLEASE PROVIDE THE MOVE/MOVING DATE: _____

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

I hereby certify the information I have provided is true and I understand that falsely responding to any of the questions will result in denial and/or revocation of this request. If my child is admitted, I agree to the conditions attached to this request, including the responsibility of the parent to provide transportation and of the student to maintain good attendance, grades, and behavior. This interdistrict transfer request may be revoked at any time by the receiving district if attendance, grades, and behavior requirements are not met.

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

☐ Mid-Year Move

☐ Summer Move

Comments: _____

Superintendent Signature: _____ Date: _____