



# Central Point School District

2026-2027

Inter-District Transfer Request School preference: \_\_\_\_\_

Student's Legal Name \_\_\_\_\_ Birth Date \_\_\_\_\_  
Last First Middle

Parent/Guardian Name \_\_\_\_\_ Current Grade Level \_\_\_\_\_  
Last First Middle

Home Address \_\_\_\_\_ Apt. Complex Name \_\_\_\_\_  
Street Apt. # City State Zip

Mailing Address \_\_\_\_\_  
(If different) Street Apt. # City State Zip

Primary Phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_ Email \_\_\_\_\_

Is the student currently under expulsion?  Yes  No

If yes, what was the reason? \_\_\_\_\_

Expelled from which district? \_\_\_\_\_

Is there a sibling of this applicant currently attending in District requested? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, name of sibling and school attending: \_\_\_\_\_

***Granting the request does not guarantee acceptance to another District.***

I hereby certify 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. 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 and behavior.** This inter-district transfer request may be revoked at any time by the receiving district if attendance and behavior requirements are not met.

**Please note:** Not all District programs and services are offered at each school location. Please confirm that your school choice has the programs and services to meet the needs of your student.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

***If approved, this academic 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.***

### For Office Use Only:

**Final Action of Resident District:**  Approved  Denied  Wait list  Lottery number \_\_\_\_\_

Reason or comments: \_\_\_\_\_

Superintendent/Designee: \_\_\_\_\_ Date: \_\_\_\_\_

**Final Action of Receiving District:**  Approved  Denied  Wait list  Lottery number \_\_\_\_\_

Reason or comments: \_\_\_\_\_

Superintendent/Designee: \_\_\_\_\_ Date: \_\_\_\_\_