



Grades K-5
Hardship Request
Resident Interdistrict
Transfer Release Request

School Year _____
Requested District _____

Exception to the Interdistrict Transfer Rules for Emergency Health, Safety, or Welfare of Students

A student or student's parent/guardian may be granted an interdistrict hardship transfer if the student is facing an emergency circumstance that threatens the health, safety, or welfare of the student per ORS 339.127.

Student's Legal Name _____ Birth Date _____
Last First Middle

Parent/Guardian Name _____ 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? _____

Statement of hardship and supporting documentation:

Please submit this form to the Medford School District.

I hereby certify the information I have provided is true. I understand it is **the responsibility of the parent to provide transportation.**

Signature of Parent/Guardian _____ Date _____

For Office Use Only:

☐ Approved

☐ Denied

Superintendent/Designee: _____ Date: _____

Resident District _____ Receiving District _____