



Grades 6-12
Resident Interdistrict
Transfer Release Request

School Year _____
Requested District _____

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

Parent/Guardian Name _____ Grade Level _____
Last First Middle (for school year above)

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: _____

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 understand it is **the responsibility of the parent to provide transportation**. This interdistrict transfer request may be revoked at any time by the receiving district if attendance and behavior requirements are not met.

Please note: Granting the request does not guarantee acceptance to another District.

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.

Please submit this form to the Medford School District.

For Office Use Only:

Resident District Action: ☐ Approved ☐ Denied ☐ Wait list ☐ Lottery number _____

Reason or comments: _____

Superintendent/Designee: _____ Date: _____