ST. HELENS SCHOOL DISTRICT #502

INTRA-DISTRICT TRANSFER APPLICATION

To transfer between schools within St. Helens District
Said agreement is for the **term of one year only**.

Lewis & Clark Elementary
503-366-7603 | 503-366-7656 fax
Cheri Martin, Principal

McBride Elementary
503-366-7700 | 503-366-7706 fax
Allyson Dubuque, Principal

Columbia City Elementary
503-366-7550 | 503-366-3215 fax
Joyce Smith-Johnson, Principal

UNDER THE AUTHORITY OF OAR 581-021-0045 AND THE POLICIES ADOPTED BY THE SCHOOL BOARD OF DIRECTORS

PLEASE PRINT

Request is for School Year: _____ Today's Date: _____

Resident School: _____ Attending School: _____

(Student lives within these boundaries)

STUDENT INFORMATION: (*Please print)*

Legal Last Name: _____ Legal First Name: _____ Legal M.I.: _____

Student Address: _____
Street City State Zip

Date of Birth: _____ Current grade: _____ Transfer last year? ☐ Yes ☐ No

Is student currently under expulsion? ☐ No ☐ Yes *(if yes, why)* _____

Reason for transfer request _____

_____

_____

PARENT/GUARDIAN INFORMATION: (*Please print)*

Parent/Guardian Name: _____

Primary Phone: _____ Email Address: _____

This transfer application, if approved, will allow the student to complete an academic transfer, but does not guarantee eligibility to participate in competitive interscholastic activities at the receiving school. Competitive eligibility is determined by Oregon School Activities Association (OSAA) rules. If you have questions about OSAA eligibility, contact the building administrator at the receiving school prior to completing this transfer.

I understand that the parent is responsible for transportation. I further understand that there must be an ongoing positive relationship between the parent/guardian(s) and the school that enhances the probability of success for the transfer student, the other students in the school and the teachers. This agreement applies to schools within the St. Helens School District only and must be renewed yearly.

Signature of Parent/Guardian _____ ***Date:*** _____

Submit completed form to resident school principal

FOR SCHOOL USE:

Resident Principal signature:		
Date	☐ Approved	☐ Denied – reason:
Attending Principal signature:		
Date	☐ Approved	☐ Denied – reason:

St. Helens District Office
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