

Clatskanie School District 6J

Code: **JECB-AR(4)**
Revised/Reviewed: 3/16/15; 12/14/15

Request for Nonresident Student Admission – Interdistrict Transfer

Current School Year _____

Transfer requested for School Year _____

For Office Use Only

Student ID# _____

Student Information

Legal Last Name _____ Legal First Name _____ Legal Middle Name _____

Mailing Address _____ Apartment # _____

City _____ State _____ Zip _____

Date of Birth _____ (MM/DD/YY) Student Grade Level in (next school year) _____

Primary Phone of Parent/Guardian _____ Secondary Phone _____

E-mail Address _____

Parent/Guardian Name (Person in Parental Relationship) _____

Is the student currently under expulsion? Yes No

If yes, what was the reason? _____

Is there a sibling of this applicant currently attending in this district? Yes No

If yes, name of sibling and school attending: _____

Does the student have a transfer for the current school year? Yes No

Has the student attended a public charter school in the district for three consecutive years; finished the highest grade possible in that school; and has not attended another school outside the district since completing that highest grade? Yes No

Is, or was the student a resident of this district in the current school year? Yes¹ No

If yes, please provide move/moving date: _____

Preferred School placement _____

Signature of Parent/Guardian _____ Date _____

For Office Use Only:

Final Action of Nonresident District: Approved Denied Lottery number _____

Reason for denial: _____

Superintendent/Designee: _____ Date _____

¹If applicant chooses “Yes,” the district must give consent for admission pursuant to ORS 339.127(10).