

# Dayton School District 8

Code: **JECB-AR(5)**  
Revised/Reviewed: 8/11/15

## Application for Nonresident Student Admission – Tuition Students

School Year _____	<b>For Office Use Only</b> Student ID# _____
Nonresident District _____	Resident District _____

### Student Information

Legal Last Name \_\_\_\_\_ Legal First Name \_\_\_\_\_ Legal Middle Name \_\_\_\_\_  
Date of Birth \_\_\_\_\_ (MM/DD/YY) Student Grade Level in 2016-2017 \_\_\_\_\_  
Requested School: \_\_\_\_\_

Is the student currently under expulsion?  Yes  No  
If yes, what was the reason? \_\_\_\_\_

Parent/Guardian Name (Person in Parental Relationship) \_\_\_\_\_  
Primary Phone of Parent/Guardian \_\_\_\_\_ Secondary Phone \_\_\_\_\_  
E-mail Address \_\_\_\_\_  
Mailing Address \_\_\_\_\_ Apartment # \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### Dayton School District Attending/Receiving District Policy

1. Completed transfer forms must be on file for every student.
  2. Requests will be reviewed by the district annually.
  3. The district will attending/receiving district will claim the State School Fund monies for the student.
  4. The Dayton School District **is not** responsible for the student's transportation.
- Parents are reminded that 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 it is necessary and required for me to assume all responsibility for transportation. In addition, I authorize the release and exchange of confidential information regarding the student named.

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

**For Office Use Only:**  
Final Action of Nonresident District:  Approved  Denied  
Reason for denial or comments: \_\_\_\_\_  
\_\_\_\_\_  
Superintendent/Designee: \_\_\_\_\_ Date \_\_\_\_\_

**Please sign and return one copy of this agreement to: Dayton School District #8, PO Box 219, Dayton, OR 97114-0219  
Phone: 503-864-2215 | Fax: 503-864-3927 | Email: [candy.duer@dayton.k12.or.us](mailto:candy.duer@dayton.k12.or.us)**