

# Jefferson School District 14J

Code: **JECB-AR(2)**

Revised/Reviewed: 10/12/15

## Request for Nonresident Student Admission

The eligibility of transferring students wishing to compete in interscholastic activities will be determined by rules set by Oregon School Activities Association (OSAA). If you have questions about OSAA eligibility, contact the administrator at the receiving school **prior to completing this form.**

Transfer Requested From: \_\_\_\_\_ (school where you live)      To: \_\_\_\_\_ (school where you want to attend)

Student: \_\_\_\_\_ Age: \_\_\_\_\_ Grade Level: \_\_\_\_\_  
Legal First Name   Legal Middle Name   Legal Last Name

Address: \_\_\_\_\_  
Street/Apt. #      PO Box      City      Zip

Is, or was the student a resident of this district in the current school year?  Yes    No  
 If yes, provide move date: \_\_\_\_\_

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

Is the student(s) currently expelled from any school district?  Yes    No  
 If yes, state the reason below: \_\_\_\_\_

List other students in the household currently transferring or requesting a transfer:

Student: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Student: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Inter-district transfer requests, once approved, remain valid until high school graduation. However, I understand that, if approved, this transfer may be revoked if my student's attendance, conduct, or academic effort becomes unsatisfactory. By signing below, I assume full responsibility for all transportation, and I authorize the release and exchange of all confidential information regarding the student named in this request.

Parent/Guardian Printed Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Parent/Guardian Email Address: \_\_\_\_\_

Parent/Guardian's Primary Phone: (\_\_\_\_) \_\_\_\_\_ Alternate Phone: (\_\_\_\_) \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Resident District	Resident District
Principal's Signature (if required) _____ Date _____	Principal's Signature (if required) _____ Date _____
Resident District Superintendent/Designee Signature _____ Date _____	Resident District Superintendent/Designee Signature _____ Date _____
<input type="checkbox"/> Approved <input type="checkbox"/> Denied Reason: _____	<input type="checkbox"/> Approved <input type="checkbox"/> Denied Reason: _____
_____	_____