

**Klamath County
School District**

Code: **JECB-AR(2)**
Revised/Reviewed: 2/20/14; 8/20/15; 2/19/16;
2/15/18
Orig. Code(s): FORM A

**Request for Nonresident Student Admission - Interdistrict Transfer with Consent of
Both Affected Districts**
(KCSD/Resident Interdistrict Transfer)

School Year: _____

Resident District: _____

Requested School: _____

Legal Last Name: _____

Legal First Name: _____

Legal Middle Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Enrolled Grade [2017-2018]: _____
[2018-2019]: _____

Primary Phone of Parent/Guardian: _____ Secondary Phone: _____

Parent/Guardian Name (Person in Parental Relationship): _____

Yes My child currently has a sibling attending a school within the Klamath County School District?
Name of School _____

No My child does not have a sibling attending a school within the Klamath County School District.

Is the student currently under expulsion? Yes No

If yes, what was the reason: _____

Expelled from which district: _____

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. I certify that I am the parent or guardian in legal custody of the student.

Signature of Parent/Guardian: _____ Date: _____

Note: If your student is currently or planning to participate in an OSAA sanctioned activity/sport it is strongly recommended that you contact the Administrator/Athletic Director at the school you are requesting to determine if the student will be eligible to participate.

For Office Use Only:	
Nonresident District: _____	Date: _____
Final Action of District: <input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Wait List	<input type="checkbox"/> Lottery Number _____
Reason or comments: _____	
Resident District: _____	Date: _____
Final Action of District: <input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Wait List	<input type="checkbox"/> Lottery Number _____
Reason or comments: _____	