

# Molalla River School District

Code: **JECF-AR**  
 Revised/Reviewed: 6/12/08; 7/18/15  
 Orig. Code(s): JECA/JECB

## Request for Interdistrict Transfer Out of Student's Resident District

*(Must be completed by parent/legal guardian for EACH student request)*

School Year: \_\_\_\_\_

Name of Student:	Birthdate:	Grade:	Sex:    M    F
Resident School District:	Last School Attended:		
Parent or Legal Guardian:	Home Phone:		
	Work Phone:		
Physical Address:	City/State/Zip:		
Mailing Address: <i>(if different from above)</i>	City/State/Zip:		
Email Address:			

Has the student been expelled?     Yes     No    For what? \_\_\_\_\_

When? \_\_\_\_\_

Is the expulsion still in force?     Yes     No

*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.*

**Please read the following carefully – signature required to be valid.**

I hereby acknowledge that the information provided is true and accurate, and that I understand and agree to the following conditions set forth upon approval of this Nonresident Transfer Request:

1. The above-stated student must reside with me;
2. The parent must assume responsibility for transportation to and from school;
3. The conditional admission agreement is contingent upon strict adherence to all district and school policies, rules and regulations regarding attendance and behavior;
4. Attending districts may establish attendance and/or behavior minimum standards once the student has received consent to attend and may revoke consent for failure to comply;
5. If a student's consent is revoked for failure to meet attendance or behavior standards, the student cannot apply back to the same district the following school year;
6. Nonresident Transfer Agreements will be contingent upon adequate space, resources, staff or adequate programs at requested grade and school;
7. I understand that falsely responding to any of the questions throughout will result in denial and/or revocation of the request;
8. I authorize the release and exchange of educational records and other educationally relevant confidential information regarding my child following approval of a Nonresident Transfer Request.

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

OFFICE USE ONLY		
<input type="checkbox"/> Approved	Application Received:	
<input type="checkbox"/> Denied	Response to Applicant:	
If denied, reason for denial: _____		
_____		
Superintendent or Designee's Signature	Printed Name/Title	Date

**Return completed form to:**

Molalla River School District #35  
 Office of the Superintendent  
 412 S. Sweigle Avenue  
 PO Box 188  
 Molalla, OR 97038

Phone: (503)-829-2359