

# North Santiam School District

Code: JECB-AR(5)  
Revised/Reviewed: 11/19/15; 10/19/17  
Orig. Code: JECB-AR(5)

## Resident Student – Request for Interdistrict Transfer Out of District

PLEASE PRINT

Current School Year \_\_\_\_\_ Today's Date: \_\_\_\_\_ Transfer Effective (school year) \_\_\_\_\_

Student Information:

Legal Last Name: \_\_\_\_\_ Legal First Name: \_\_\_\_\_ Legal Middle Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Transfer Year Grade Level: \_\_\_\_\_

Parent/Guardian Name (Personal in Parental Relationship): \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Secondary Phone: \_\_\_\_\_

Competitive sports and activity eligibility at the receiving school is determined by Oregon School Activities Association (OSAA) rules. If you have questions about OSAA eligibility, contact the Athletic Director at the receiving school prior to completing this transfer. Approval by North Santiam School District does not guarantee acceptance by another district. If you have questions regarding transfer rules, please contact the receiving school district's main office. Once approved, this transfer approval from NSSD continues until the student graduates or until they move into another school district.

I understand that the receiving district is not responsible for transportation. I further understand that transfers may be revoked by the receiving district based on poor attendance or behavior.

Signature of Parent/Guardian (Personal in Parental Relationship): \_\_\_\_\_

Date: \_\_\_\_\_

If the district is authorized to forward request to receiving district, indicate district name and school choice: \_\_\_\_\_

For North Santiam School District Use Only:

Final Action:  Approved  Denied Student or guardian notified by: \_\_\_\_\_

Copy Provided to Parent Request provided to receiving district by: \_\_\_\_\_

Superintendent/Designee: \_\_\_\_\_ Date: \_\_\_\_\_

For Receiving District Use Only:

Final Action :  Transfer Approved  Transfer Denied  Wait List

Student or Guardian Notified:  Yes  No

Reason for denial (if applicable): \_\_\_\_\_

Superintendent/Designee Name: \_\_\_\_\_ Date: \_\_\_\_\_

Superintendent/Designee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Graduation Year \_\_\_\_\_