

## **Inter-District Transfer Request**

The following procedures will govern consideration of an inter-district transfer request:

1. A parent will request the release of his/her student by completing the appropriate district form and providing the additional information requested including the basis for the request;
2. A completed form must include the basis for the request and the signature of the superintendent or designee of the school district which the student seeks to attend;
3. A completed form must include the signature of the parent or guardian and be submitted to the resident district office;
4. The superintendent will grant or deny the request for release according to established Board policy criteria. Parents will be notified in writing of any request that is denied within 15 calendar days of the decision;
5. If the release is granted, it will specify the length of the release or the condition or event which would cause the release to be terminated;
6. If the request for release is granted, the district will notify the nonresident district by fax or mail to request their approval and make necessary arrangements for the transfer of the student's education records. Approval must be granted by both districts before a transfer is completed;
7. If the request is denied, parents will be notified of the right to appeal the decision to the superintendent.
8. All releases granted by the District will be limited to the school year in which the transfer is approved unless terminated by the receiving district for stipulated conditions not met by the student.
9. Annual application for transfer is required and accepted after May 1st for the following school year.

### **Guidelines**

An inter-district transfer is appropriate if all of the following criteria are met:

1. Building, classroom and or program space is available to accommodate an additional student.
2. The parent or other person in parental relationship agrees to furnish transportation to and from school.

3. The student's behavior, grades, attendance, and school achievement comply with the receiving district's policy and rules.
4. The student maintains a "C" average and 90% attendance rate at the resident district and while attending the receiving district.
5. Failure by a student to follow such rules and procedures or failure to maintain a "C" average and a 90% attendance rate may be grounds for revoking the inter-district transfer.
6. Recommendation to revoke an inter-district transfer will be presented to the Superintendent or his/her designee for approval.

**INTER-DISTRICT TRANSFER REQUEST FORM**

**Please Print Clearly**

**To Be Completed By Parent/Guardian:**

From: \_\_\_\_\_ Date: \_\_\_\_\_ School Year: \_\_\_\_\_  
Resident School

To: \_\_\_\_\_  
Requested Non-Resident School District Requested Non-Resident School

Name of Student: \_\_\_\_\_

Student's Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City Zip

Mailing Address: (If different from above) \_\_\_\_\_  
P.O. Box/Street City Zip

Phone: Home ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_  
Cell Phone: ( ) \_\_\_\_\_

Name of Petitioner: \_\_\_\_\_  
Parent/Guardian - Please Print Clearly

Reason for Petition (add additional page as necessary):  
\_\_\_\_\_  
\_\_\_\_\_

- Attach a copy of the most recent report card and/or transcript from school student has been attending.
- Attach documentation that verifies current address and phone number (documentation may include utility bills, phone bills, etc.).
- Student requires no specialized services **or**
- Student requires specialized services (check below):
  - TAG  ELL (ESL or ETP)  Other - please describe: \_\_\_\_\_
  - Special Education  Alternative Education \_\_\_\_\_
  - Section 504  Teen Parent \_\_\_\_\_
  - EI/ECSE \_\_\_\_\_
- Has student ever been suspended?  Yes  No

If yes, give reason: \_\_\_\_\_

Has student ever been expelled?     Yes     No

**If yes, attach Hearing Officer's decision letter**

*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. If my child is an elementary student I will need to provide an address within school attendance boundaries in case of an emergency school closure. I also understand that this agreement may be revoked at any time due to attendance or behavior or lack of academic effort. I further understand that future approval is contingent upon an ongoing positive relationship between the parent(s) or guardian(s) and the school that enhances the probability of success for the transfer student, the other students in the school and the teachers(s). In addition, I authorize the release and exchange of confidential information regarding the student named between both districts.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**OFFICE USE ONLY**

**North Santiam School District**

Documentation Verified: \_\_\_\_\_ Special Services: \_\_\_\_\_  
(Initials/Date) (Initials/Date)

**OFFICIAL USE ONLY**

- Approved -Agreement Contingent on Attached Letter, IDEA Agreement required for IEP students
- Denied
- Reason/Comment: Parents/guardians must provide own transportation if approved

\_\_\_\_\_  
Superintendent's or Designee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Receiving School District**

*Documentation Verified:* \_\_\_\_\_ *Special Services:* \_\_\_\_\_  
(Initials/Date) (Initials/Date)

**OFFICIAL USE ONLY**

- Approved     Denied    Additional Service Cost Above ADMw \_\_\_\_\_  
 Annual Billing     Biannual Billing
- Reason/Comment: \_\_\_\_\_

Superintendent's or Designee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_