Code: **JECB-AR(4B)**
Revised/Reviewed: 4/15/14; 10/17/14; 9/09/15; 10/11/17

Request for Nonresident Student Admission – Interdistrict Transfer

Mid-Year Move Form

Use this form if your student wants to enroll in a Reynolds school.

		Date of Birth
Student Legal Last Name	**Student Legal Last Name**	**Student Legal Middle Name**
Parent/Guardian Last Name	Parent/Guardian First Name	Parental relationship to student
Results will be mailed to this address Street _____ Apartment Complex _____ Apartment # _____ City _____ State _____ Zip _____	Parent/Guardian Primary Phone Parent/Guardian Secondary Phone Email Contact	

Grade Level in 20___-20___		**Requesting Admittance for _____ School Year.**
Requesting School	**Requesting District**	**OSAA students will need to contact OSAA at 503.682.6722 for guidance on athletics and activity eligibility.**

Is your student currently under expulsion? ☐ **Yes** ☐ **No**
If yes, what was the reason? _____

If my child is admitted, I hereby authorize the release of the student educational records to Reynolds School District and certify that I am the parent or guardian in legal custody of the student.

_____ ← _____
Parent/Guardian Signature Date

OPEN SEPTEMBER 4TH – JUNE 10TH

Authorizing Signature _____ Approved ☐ Denied ☐ Date _____

Appeal _____ Approved ☐ Denied ☐ Date _____

Applications will be accepted at the Reynolds Administration Office only. Submit by mail, fax, scanned email or in person.

Reynolds School District, Attn: Open Enrollment
1204 NE 201st Avenue
Fairview, OR 97024

Inquiries and scanned applications to:
RSD Reception
transfers@rsd7.net

Phone: 503.661.7200
Fax: 503.667.6932