Code: **JECB-AR(5)**
Revised/Reviewed: 4/15/14; 10/17/14; 10/11/17

Request for Nonresident Student Admission – Tuition Students

Use this form if your student resides out-of-state or is unable to gain permission from the resident district.

		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 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? _____

_____ ← _____
Parent/Guardian Signature Date

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

OPEN YEAR ROUND

Final Action of Reynolds School District

Authorizing Signature _____ Approved ☐ Denied ☐ Date _____

Appeal _____ Approved ☐ Denied ☐ Date _____

Final Action of Nonresident District (OPTIONAL)

Authorizing Signature _____ Date _____

☐ Approved ☐ Denied

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