

# Scappoose School District 1J

Code: **JECB-AR(4)**  
Revised/Reviewed: 9/10/18

## Request for Nonresident Student Admission – Interdistrict Transfer

Current School Year \_\_\_\_\_

Transfer requested for School Year \_\_\_\_\_

**For Office Use Only**

Student ID# \_\_\_\_\_

### Student Information

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

Mailing Address \_\_\_\_\_ Apartment # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_ (MM/DD/YY) Student's Current Grade Level \_\_\_\_\_

Primary Phone of Parent/Guardian \_\_\_\_\_ Secondary Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

Parent/Guardian Name (Person in Parental Relationship) \_\_\_\_\_

Is the student currently under expulsion?  Yes  No

If yes, what was the reason? \_\_\_\_\_

Is there a sibling of this applicant currently attending in this district?  Yes  No

If yes, name of sibling and school attending: \_\_\_\_\_

Does the student have a transfer for the current school year?  Yes  No

Has the student attended a public charter school in the district for three consecutive years; finished the highest grade possible in that school; and has not attended another school outside the district since completing that highest grade?  Yes  No

Is, or was the student a resident of this district in the current school year?  Yes<sup>1</sup>  No

If yes, please provide move/moving date: \_\_\_\_\_

Preferred School placement \_\_\_\_\_

Transportation is the responsibility of the parent/guardian.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

### For Office Use Only:

Final Action of Nonresident District:  Approved  Denied  Lottery number \_\_\_\_\_

Reason for denial: \_\_\_\_\_

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

<sup>1</sup>If applicant chooses "Yes," the district must give consent for admission pursuant to ORS 339.127(10).