

Nonresident Students

Administrative Procedure

1. The superintendent will be responsible for reviewing all nonresidence requests, even though they may be in concert with district policy.
2. The building principal will keep the superintendent informed in writing of all information relating to student nonresidence.
3. The building principal will not recommend enrollment of a nonresident student if the nonresident student causes overcrowded classroom conditions. (Space available basis only.)
4. As indicated in Board policy JECA - **Nonresident Students** require superintendent approval.
5. All requests for exceptions must be forwarded to the superintendent for review.

Definition - Residence Status. Students with residence status shall be admitted to district schools without payment of tuition. A student shall be considered a resident of the district for the purpose of attending school:

1. If a student physically resides within the district with his/her parent(s)/legal guardian(s) and is between the ages of 4-18.
2. If the student is placed with a resident of the district as a ward of the court or by action of a public or private agency.
3. An emancipated minor living in the district will be considered a legal resident. A minor claiming emancipated status must submit to the building principal supporting evidence, which may include among other things, an affidavit from the parent(s) or other legal guardian(s) and a statement from the Juvenile Department, verifying that the parents have voluntarily surrendered parent rights and renounced parental duties.
4. A married student residing in the district shall be considered a legal resident.

Admission of Custodial Delegation Nonresident Students

Petition

1. All petition materials must be submitted to and approved by the superintendent prior to enrollment.

2. The parent(s)/legal guardian(s) and nominated custodial parent shall be available to meet with the superintendent when their petition is being considered and be available to answer questions and provide additional requested information. Failure of either the parent (s) /legal guardian(s) or nominated custodial parent to meet with the superintendent without prior excuse will be basis to deny the petition.
3. According to Oregon statute, custodial delegation power must be reviewed every six months, at which time the parent(s)/legal guardian(s) must complete a new special power of attorney.

Materials

The following application materials must be submitted to the superintendent as stated under “Timelines.”

1. A copy of any contract/agreement between the parent(s)/legal guardian(s) and custodial parent.
2. Completed petition to superintendent for admission of custodial delegation nonresident students.
3. Notarized proof of student’s birth date.
4. Copy of Oregon Driver’s License (if applicable).
5. Completed special power of attorney.
6. Certificate of residency.
7. Copy of student behavioral record.
8. Student immunization record.
9. Copy of academic transcript.
10. Medical insurance provider statement.
11. Statement from the nominated custodial parent(s) addressing the following:
 - a. Are you providing the student with food, clothing, shelter and other incidental necessities?
 - b. Are you providing the student with care, education, and discipline?
 - c. Can you authorize routine and emergency medical care for the student?
 - d. Does the student spend the majority of his/her time including weekends, evenings and nights with custodial parent?
 - e. Do you receive money or other support from the parent(s)/legal guardian(s) of this student?

Enrollment

Following approval, the office of the superintendent will forward the petition file to the building principal with direction to either enroll or reject the student application.

Responsibility of Building Principal

Provide the district office with a statement of classroom space availability and adequacy of meeting the academic class needs of proposed enrollment.

Responsibility of Counseling Department

1. Provide student class enrollment figures.
2. Calculate assessment and collect student fees¹ (if applicable).
3. Report to the building principal any changes or information that impacts the Board approval of admission.

Responsibility of District Business Office

1. Maintain residency status files.
2. Provide summary reports to the Board at the November, January, and March regularly scheduled meetings.

Any and all student fees required by the respective schools shall be paid by the nonresident student.

Inter-District Nonresident Student Agreement

Petition

To be completed by: (1) Parent(s)/Legal Guardian(s) intending to become legal residents of the district by buying, building, renting, etc., but are unable to occupy the residence by the commencement of school classes; or (2) Parent(s)/Legal Guardian(s) who remove district residence prior to spring break.

Timeline

1. Prior to enrollment, the parent(s)/legal guardian(s) must complete a petition entitled Notification of Nonresident Student Enrollment and submit the signed form to the office of superintendent.
2. Upon receipt of the notification form, the superintendent or his designee will complete and forward to the resident district an inter-district written consent agreement for admission of nonresident Student.
3. A nonresident student may attend the district after submitting the notification of nonresident student enrollment, but the parent(s)/legal guardian(s) will be responsible for payment of the appropriate nonresident student tuition if the resident school district does not approve the inter-district written consent agreement within 60 days.

¹Student Fees

Enrollment

Following both the resident school district's and the superintendent approval of the inter-district written consent agreement, the office of the superintendent will advise the building principal and the administration office reporting desk of the "resident" status of the nonresident student for student accounting purposes.

Responsibility of Building Principal

Provide the district office with a statement of classroom space availability and adequacy of meeting the academic class needs of proposed enrollee.

Responsibility of Building Office

1. Provide student class enrollment figures.
2. Calculate assessment and collect student fees (if applicable).

Responsibility of District Business Office

1. Complete, forward and monitor Inter-District Agreements.
2. Maintain residency status files.

INTRA-DISTRICT TRANSFER REQUEST

School attendance areas are established by the district.

Initial application should be made to the building principal of the school you wish to attend.

The following conditions are always in effect:

1. Transfers are subject to space available
2. Approval must be given by both principals.
3. Transportation is the responsibility of the parent.
4. Transfers are effective for **Current School Year Only** (must be requested annually).

| | | |
|---------------------------------|-------------|----------------------|
| Parent Section: | | |
| Student Name _____ | Grade _____ | Telephone _____ |
| Address _____ | | City/State/Zip _____ |
| From: _____ | To: _____ | |
| School | School | |
| Reason for Request of Transfer: | | |
| _____ | | |
| _____ | | |
| _____ | | |
| _____ | | |
| Parent Signature _____ | | Date _____ |

| | | |
|---------------------------|----------------|--------------------|
| School Section: | | |
| Sending School | _____ Approved | _____ Not Approved |
| Comment: _____ | | |
| _____ | | |
| _____ | | |
| Principal Signature _____ | | Date _____ |
| Receiving School: | | |
| | _____ Approved | _____ Not Approved |
| Comment: _____ | | |
| _____ | | |
| _____ | | |
| Principal Signature _____ | | Date _____ |

RESIDENT DISTRICT TRANSFER REQUEST FORM

For the _____ School year **only**

Student Name

Birthdate

Current Street Address

Resident School and Grade

City/State/Zip Code

Resident School District

Street Address (___Previous ___ New)

Requested Non-Resident School/Phone Number

City/State/Zip Code

Requested Non-Resident School District

Name of Person Making this application

Relationship to Student

Street Address

How long have you lived at current address?

City/State/Zip Code

Home Phone Work Phone

Please Complete the Reverse Side of this Form



Note: if Student is on an IEP, Both districts need to review arrangement annually.

- - Resident School District Use Only - -

Principal School Phone Date

Comments

| | | |
|--|----------------|--------------|
| Final Action of Resident District | _____ Approved | _____ Denied |
| _____ Superintendent | _____ | _____ |
| | Date | |

- - Non-Resident School District Use Only - -

Principal School Phone Date

Comments

| | | |
|--|----------------|--------------|
| Final Action of Resident District | _____ Approved | _____ Denied |
| _____ Superintendent | _____ | _____ |
| | Date | |

PETITION TO SUPERINTENDENT FOR ADMISSION OF CUSTODIAL DELEGATION NONRESIDENT STUDENT

Name of Student: _____

Grade Level: _____ Anticipated Year of Graduation: _____

Date of Anticipated Enrollment: _____

Name(s) of Parent/Guardian: _____

Address: _____

Telephone Number: (h) _____ (w) _____

Name(s) of Proposed Custodian(s): _____

Address: _____

Telephone Number: (h) _____ (w) _____

Current Address of Student: _____

Name of School District in which current residence of parent/guardian is located: _____

Explanation for Proposed Delegation of Parental Authority: _____

Is the custodial parent(s) providing the student with food, clothing, shelter and other incidental necessities?

Yes No

Is the custodial parent(s) providing the student with care, education, and discipline?

Yes No

Can the custodial parent(s) authorize routine and emergency medical care for the student?

Yes No

Does the student spend the majority of his/her time including weekends, evenings and nights with custodial parent(s)

Yes No

Do the custodial parent(s) receive money or other support from the parent(s)/legal guardian(s) of the student?

Yes No

I/We hereby acknowledge that the foregoing information is true and accurate. I/We also acknowledge that I/we have received a copy of the district Board policy, together with the administrative guidelines. I/We understand and agree that I/we will be responsible for payment of the appropriate nonresident student tuition if the requirements set forth in the policy and guidelines are not satisfied in a truthful and timely fashion. Further, if upon investigation and Board review, it is determined that this petition was granted based upon misrepresentation, fraud or inaccurate information, I/we understand that I/we will be responsible for all costs incurred in connection with such investigation and review including attorney's fees and costs. The superintendent can only grant exception to the policy.

Signature(s): _____

Date: _____

Date: _____

Approved: _____

Date: _____

Note : Enrollment of nonresident student(s) is considered on a space available basis only. See 3.0 of Administrative Guidelines.

White: District Office Yellow: Parent(s) Pink: Custodian(s)

CERTIFICATE OF RESIDENCY

To induce the district to enroll _____ as a resident students in the district,
Student Name

I/we _____ certify as follows:
Custodian(s) Name(s)

I/we have been granted custodial powers for the student named above by his/her parent(s)/legal guardian(s),
_____ by written instrument which said authorization date
Parent(s) Name(s)

the _____ of _____, _____. A copy of this special power of attorney is attached. The student
(Day) Month Year

above does live with me/us at the following address in the district: _____

During the six-month period of residency provided by the aforesaid authorization, I/we intend to exercise exclusive custodial supervision over said student and I/we are authorized to received any communications respecting said student at the foregoing address as lawful custodians having a parental relationship pursuant to the authority of the written instrument herein above described. I/we agree that if the student is found not to be a resident of the district, I/we shall be responsible for the appropriate nonresident tuition.

Are you providing the student with good, clothing, shelter and other incidental necessities?
 Yes No

Are you providing the student with care, education, and discipline?
 Yes No

Can you authorize routine and emergency medical care for the student?
 Yes No

Does the student spend the majority of his/her time including weekends, evenings and nights with custodial parent(s)?
 Yes No

Do you receive money or other support from the parent(s)/legal guardian(s) of the student?
 Yes No

I/We hereby acknowledge that the foregoing information is true and accurate.

Dated this _____ day of _____, 20_____
(Day) (Month) (Year)

Custodian Signature

Custodian Signature

**SPECIAL POWER OF ATTORNEY
(Delegation of Custodial Powers)**

Know all persons by these presents, that pursuant to the provisions of ORS 126.030²,

I/we _____,
(Parent(s) Name)

the natural parent(s)/guardian(s) of _____, a minor, do herewith
(Student Name)

constitute and appoint _____
(Name of Custodian(s))

of _____
(Address, City, County, State, Zip, Code)

temporary custody of _____ for all purposes excepting the power to
Student Name

consent to said minor's marriage or adoption.

The power granted herein shall commence the ____ of _____, 20____ and shall continue for a period not
Day Month Year
exceeding six months thereafter.

This grant of powers is intended to vest in _____ such rights of
Name of Custodian

custody and supervision of _____ as to create a parental relationship as
Name of Student

such child for the described period.

Dated this _____ of _____, _____.

Parent Signature

Parent Signature

²ORS 109.056 provides: A parent or guardian of a minor or incapacitated person, by a properly executed power of attorney, may delegate to another person, for a period not exceeding six months, any of his powers regarding care, custody or property of the minor child or ward, except his power to consent to marriage or adoption of a minor ward.

Verification

State of Oregon)
)ss.
County of _____)

I/We _____, being first duly sworn, depose and say that I/we (am) (are) the persons named in the above Special Power of Attorney, that I/we have read the same and the same is true as I/we verily believe.

Parent Signature

Parent Signature

Subscribed and sworn to before me this _____ day of _____, _____.

Notary Public For _____

My Commission Expires _____