

**Umatilla School District 6**

Code: **JECB-AR(2)**  
Adopted: 6/13/96  
Revised/Readopted: 2/11/04  
Orig. Code(s): JECB-AR

**Resident Pupil Mutual Agreement Request Form\*\***

Name of Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Last Grade in School: \_\_\_\_\_ School Last Attended: \_\_\_\_\_

School District of Last School Attended: \_\_\_\_\_

Present Address: \_\_\_\_\_

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

Parent/Guardian: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Reason for Transfer Request: \_\_\_\_\_

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(If additional space is desired, please use an extra sheet.)