

edford Continuation School Year ____

Interdistrict Transfer Request

Resident District	
Receiving District	

Student's Legal Name_					Birth Date		
	Last	First	Mid	dle			
Parent/Guardian Name					Grade Level		
	Last	First	Mid	dle			
Home Address	Apt.	# City	State	Zip	_Apt. Complex Name		
	·	•	State	ĽΙΡ			
Mailing Address (If different) Street	Apt.	# City	State	Zip			
Primary Phone		Email					
Is the student currently (under expulsi	on? □ Yes □ No	o				
If yes, what was the rea	son:						
•	_						
Please provide date	of move:						
•							
I hereby certify 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. I understand that Parents/Guardians must provide transportation to and from school within the school schedule.							
Please note: This tran	<u>ster is valid i</u>	or the school year	listed abov	<u>/e.</u>			
Signature of Parent/G	uardian				Date		
If approved, this academic transfer does not constitute eligibility to participate in competitive interscholastic activities in the receiving school. Eligibility is determined by Oregon School Activities Association (OSAA) rules and the Nonresident District's Policy.							
For Office Use Only:							
	Approved Su	ummer Move 🛛 A	pproved M	id-Ye	ar Move □ Denied		
Reason or comments	:						
Superintendent/Desig	nee:				Date:		
1							