



Teen Parent Program

School Year _____
Interdistrict Transfer Request

Resident District _____

Student's Legal Name _____ Birth Date _____
Last First Middle

Parent/Guardian Name _____ Current Grade Level _____
Last First Middle

Home Address _____ Apt. Complex Name _____
Street Apt. # City State Zip

Mailing Address _____
(If different) Street Apt. # City State Zip

Primary Phone _____ Secondary Phone _____ Email _____

Is the student currently under expulsion? Yes No

If yes, what was the reason: _____

Expelled from which district? _____

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. If my child is admitted, I agree to the conditions attached to this request, **including the responsibility of the parent to provide transportation and of the student to maintain good attendance and behavior.** This interdistrict transfer request may be revoked at any time by the receiving district if attendance and behavior requirements are not met.

Signature of Parent/Guardian _____ 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:

Receiving District: Approved Denied

Superintendent/Designee: _____ Date: _____

Reason or comments: _____

Resident District: Approved Denied

Superintendent/Designee: _____ Date: _____

Reason or comments: _____