



SCHOOL DISTRICT

Tony Mann, Superintendent

412 S. Sweigle Avenue
P.O. Box 188
Molalla, Oregon 97038
503-829-2359

Request for Interdistrict Transfer Out of Resident District

(Must be completed by parent/legal guardian for EACH student request)

School Year: _____

Form with fields: Name of Student, Birthdate, Grade, Sex, Resident School District, Last School Attended, Requested Non Resident School District, School Requested, Parent or Legal Guardian, Home Phone, Work Phone, Physical Address, City/State/Zip, Mailing Address, City/State/Zip, Email Address.

Has your student ever been expelled? [] Yes [] No

If yes, reason: _____

If yes, what was the expulsion date and from which school district: _____

Parents are reminded that this transfer application, if approved, will allow the student to complete an academic transfer, but does NOT guarantee eligibility to participate in competitive interscholastic activities at the receiving school. Competitive eligibility is determined by Oregon School Activities Association (OSAA) rules. If you have questions about OSAA eligibility, contact the building administrator at the receiving school prior to completing this transfer.

Please read the following carefully – signature required to be valid

Hereby acknowledge that the information provided is true and accurate, and that I understand and agree to the following conditions set forth upon approval of this Nonresident Transfer Request:

1. The above-stated student must reside with me
2. The parent must assume responsibility for transportation to and from school
3. The conditional admission agreement is contingent upon strict adherence to all district and school policies, rules and regulations regarding attendance and behavior
4. Attending districts may establish attendance and/or behavior minimum standards once the student has received consent to attend and may revoke consent for failure to comply
5. If a students' consent is revoked for failure to meet attendance or behavior standards, the student cannot apply back to the same district the following school year
6. Nonresident Transfer Agreements will be contingent upon adequate space, resources, staff, adequate programs at requested grade and school
7. Approved transfers are good through the student's graduation, with continues enrollment, and no need for reapplication each year
8. I understand that falsely responding to any of the questions throughout will result in denial and/or revocation of the request
9. I authorize the release and exchange of educational records and other educationally relevant confidential information regarding my child following approval of a Nonresident Transfer Request.

Parent/Legal Guardian Signature: _____ Date: _____

OFFICE USE ONLY	
<input type="checkbox"/> Approved	Application Received:
<input type="checkbox"/> Denied	Response to Applicant:
	Response to District:
Superintendent or Designee's Signature:	Date: