

INTER-DISTRICT TRANSFER REQUEST - FOR SCHOOL YEAR 2016-2017
Central Linn School District 552C

Transfer from Resident School District: _____ **Transfer to Receiving School District:** _____

Date of Birth _____ **Enrolled Grade** _____

Legal Last Name _____ **Legal First Name** _____ **Legal Middle Name** _____
Resident Address _____

Telephone (Work) _____ **(Home)** _____ **E-mail** _____

Is the student currently expelled from any school district? _____

Reason for the transfer request (explain in detail). If more space is needed please attach additional sheets to this form.

Conditions:

The superintendent may immediately revoke permission to attend district schools for any student whose attendance/conduct does not meet the criteria set in Board Policy JECB and Administrative Regulation JECB-AR.

- Interdistrict transfer requests, once approved, remain valid until high school graduation.
- Parent or guardian will be responsible for transportation to and from the school.
- The sending district will release state basic funds to the receiving district for the current school year.
- **High School Students Please Note:** Interdistrict transfers can affect eligibility of interscholastic activities that are governed by the OSAA. Students and parents should investigate these regulations carefully when transferring.

I hereby certify the information I have provided is true and agree to the above conditions and understand that it is necessary and required for me to assume all responsibility for transportation.

Signature of Parent/Guardian _____ **Date** _____

RESIDENT DISTRICT	RECEIVING DISTRICT
Approved _____ Denied _____	Approved _____ Not Approved _____
Signature of Superintendent _____ Date _____ (Resident District)	Signature of Superintendent _____ Date _____ (Receiving District)
Reason for Approval/Denial: _____	Reason for Approval/Denial: _____
Additional Conditions: _____	Additional Conditions: _____
CENTRAL LINN IS NOT RESPONSIBLE FOR COST ABOVE ADM OR TRANSPORTATION	