

INTER-DISTRICT TRANSFER REQUEST - FOR SCHOOL YEAR 2019-2020
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 _____ Not Approved _____	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	

Please return this form to the Central Linn School District Office, PO Box 200, Halsey, Oregon 97348. Please call 541-369-2813 ext 3222 if you have any questions.