OSBA Model Sample Policy

Code: JECB-AR(3) Revised/Reviewed:

Request for Nonresident Student Admission – Interdistrict Transfer

	For Office Use Only	
School Year		Student ID#
Transfer Requested for School Year		
Student Information		
Legal Last Name	Legal First Name	Legal Middle Name
Mailing Address		
City	State	Zip
Date of Birth	(MM/DD/YY) Cu	rrent Student Grade Level
Primary Phone of Parent/Guardian		Secondary Phone
Email Address		
Parent/Guardian Name (person in paren	tal relationship)	
Is the student currently under expulsion If yes, what was the reason?		
	ce of at least 96 percenntly attending in this distr	
Does the student have a transfer for the	current school year?	Yes 🗖 No
Is, or was the student a resident of this of If yes, please provide move/moving dat		
Preferred school placement		
Students receiving consent for admiss	sion may remain in the o	listrict until graduation.
Signature of Parent/Guardian		Date
For Office Use Only		- 🗗 Lottery Number

¹ If applicant chooses "yes," the district must give consent for admission pursuant to ORS 339.127(10).

Date-

Resident District:	Receiving District: Fern Ridge School District 28J
□ Approved □ Denied	□ Approved □ Denied
Reason for denial:	Reason for denial:
Superintendent/Designee:	Superintendent/Designee:
Date:	Date:
	Parent/Guardian Notified-Date

The Fern Ridge School District is an equal opportunity educator and employer.