

Parkrose School District 3

Code: **JECB-AR(3)**

Revised: 2.23.15

Request for Nonresident Student Admission – Open Enrollment

(Consent by Nonresident District)

The Board of Directors has established that 50 nonresident students shall receive written consent for admission under ORS 339.133(5)(b) for the 2015-2016 school year. Applications must be received at the Parkrose School District Office, 10636 NE Prescott Street, Portland, Oregon 97220, or by fax 503-408-2140, no later than 5:00p.m. (PST) April 1, 2015. The district must conduct an equitable lottery to select the students that will be granted transfers if the district has more applicants than the announced number of students that will be accepted.

Please be aware that Open Enrollment does not allow your student to participate in OSAA-sanctioned events (athletics, band/choir competitions, etc.) In order to do so, you must obtain an Inter-District Transfer from your home school.

For Office Use Only

Student ID# _____

School Year 2015-2016

Resident District _____

Nonresident District Parkrose School District

Nonresident School Requested (circle one): Prescott Elementary, Russell Elementary, Sacramento Elementary, Shaver Elementary, Parkrose Middle School, Parkrose High School

Students Legal Name _____

Street Address _____

Apartment Complex _____ Apartment # _____

City _____ State _____ Zip _____

Date of Birth _____ Enrolled Grade [2014-2015] _____

Primary Phone of Parent/Guardian _____ Secondary Phone _____

(Optional) Email address of Parent/Guardian _____

Parent/Guardian Name (Person in Parental Relationship) _____

Is the student currently (as of April 1) 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 hereby authorize the release of the student educational records to Parkrose School District and certify that I am the parent or guardian in legal custody of the student.

Signature of Parent/Guardian _____ Date _____

For Office Use Only:

Final Action of Nonresident District: ☐ Approved ☐ Denied ☐ Wait list ☐ Lottery number _____

Reason or comments: _____

Superintendent/Designee: _____ Date _____

1/16/14|PH