



802 Schlador Street • Silverton, OR 97381 • Phone: (503) 873-5303 • Fax: (503) 873-2936

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## NON-RESIDENT TRANSFER REQUEST FORM

*(Must be completed and on file for every student)*

### To Be Completed By Parent/Guardian:

From: \_\_\_\_\_ Date: \_\_\_\_\_ School Year: \_\_\_\_\_  
*Resident School*

To: \_\_\_\_\_  
*Requested Non-Resident School District*      *Requested Non-Resident School*

Name of Student: \_\_\_\_\_  
**Please Print Clearly**

Student's Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_  
*\*for school year transfer requested*

Address: \_\_\_\_\_  
*Street*      *City*      *Zip*

Mailing Address: *(If different from above)* \_\_\_\_\_  
*P.O. Box/Street*      *City*      *Zip*

Phone:  
Home (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_

Cell (\_\_\_\_) \_\_\_\_\_

Name of Petitioner: \_\_\_\_\_  
*Parent/Guardian - **Please Print Clearly***

Attach documentation that verifies current address and phone number (documentation may include utility bills, phone bills, etc.)

Has 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.

**I understand that it is necessary and required for me to assume all responsibility for transportation. I also understand that this agreement may be revoked at any time due to attendance or behavior or lack of academic effort. I further understand that for this non-resident transfer to continue, there must be an ongoing positive relationship between the parent(s)/guardian(s) and the school that enhances the probability of success for the transfer student, the other students in the school and the teachers(s). In addition, I authorize the release and exchange of confidential information regarding the student named.**

\_\_\_\_\_ *Parent/Guardian Signature* \_\_\_\_\_ *Date*

<b><u>Silver Falls School District Attending/Receiving District Policy</u></b>
<ul style="list-style-type: none"> <li>• Completed transfer forms must be on file for every student.</li> <li>• The attending/receiving district will claim the State school fund for the student.</li> <li>• The Silver Falls School District <b><i>IS NOT</i></b> responsible for student transportation.</li> </ul>

<p><b><i>Resident School</i></b></p> <p><b>OFFICIAL USE ONLY</b></p> <p>_____ Approved _____ Denied</p> <p>Reason/Comment: _____</p> <p>Superintendent's or Designee's Signature: _____ Date: _____</p>
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<p><b><i>Receiving School District</i></b></p> <p><b>OFFICIAL USE ONLY</b></p> <p>_____ Approved _____ Denied</p> <p>_____ Reason/Comment: _____</p> <p>Superintendent's or Designee's Signature: _____ Date: _____</p>
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