



SILVER FALLS
SCHOOL DISTRICT
MOVING FORWARD... TOGETHER

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

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: Silver Falls School District _____
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

EMAIL ADDRESS: _____

Phone:
Home _____ Work _____ Cell _____

Has student attended Silver Falls before? Yes No If yes, school name _____

Does a sibling currently attend Silver Falls Yes No If yes, school attending _____

Name of sibling _____

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*

Silver Falls School District Attending/Receiving District Policy

- Completed transfer forms must be on file for every student.
- The attending/receiving district will claim the State school fund for the student.
- The Silver Falls School District ***IS NOT*** responsible for student transportation.

Resident School

OFFICIAL USE ONLY

_____ Approved _____ Denied

Reason/Comment: _____

Superintendent's or Designee's Signature: _____ Date: _____

Receiving School District

OFFICIAL USE ONLY

_____ Approved _____ Denied

_____ Reason/Comment: _____

Superintendent's or Designee's Signature: _____ Date: _____