

SILVER FALLS

SCHOOL DISTRICT

MOVING FORWARD... TOGETHER

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

RESIDENT TRANSFER OUT REQUEST FORM

(Must be completed and on file for every student)

To Be Co	mpleted By Parent/Guardian:				
From:	Silver Falls School District D Resident School District	ate:	School Year	:	
То:					
Re	equested Non-Resident School District	Reques	sted Non-Resident Sc	hool	
Name of	Student:				
		ase Print Clearly	•		
Student's Date of Birth:			Grade:		
		*for school year transfer requested			
Address:					
	Street		City	Zip	
Mailing A	Address: (If different from above)				
	P.O.	Box/Street	City	Zip	
EMAIL A	DDRESS:				
Phone:					
	Work		Cell		
	nt attended requested district before?				
Does a sib	oling currently attend the requested distr	ict? Yes N	No		
If yes, sch	ool attending	Name of sibling _			
Name of I	Petitioner:				
	· · · · · · · · · · · · · · · · · · ·	t/Guardian - <u>Plea</u>	se Print Clearly		
	documentation that verifies current adophone bills, etc.)	dress and phone n	number (documentation	on may include utility	
☐ Has st	udent ever been expelled?	No			
If yes,	reason:				
If yes,	what was the Expulsion Date	and	from which		
Schoo	1/District				

Parents are reminded that this transfer application, if approved, will allow the student to complete an academic transfer, but does <u>not</u> 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 <u>prior to completing this transfer.</u>

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:			