



612 Schlador Street • Silverton, OR 97381 • Phone: (503) 873-5303 • Fax: (503) 873-2936
Email: Transfers@silverfalls.k12.or.us

SILVER FALLS SCHOOL DISTRICT 4J RESIDENT TRANSFER OUT APPLICATION

Requested School Year: _____ Today's Date: _____
Requested School District: _____ Requested School: _____

STUDENT INFORMATION

Legal Last Name: _____ Legal First Name: _____ Legal Middle Initial: _____

Address: _____
Street City State Zip

Date of Birth: _____ Current Grade: _____ Grade for Year Requested: _____

Has student ever been expelled? Yes: _____ No: _____ If yes, why? (attach additional pages if necessary): _____

PARENT INFORMATION

Parent/Guardian Name: _____

Address: _____
Street City State Zip

Primary Phone: _____ Email Address: _____

**Attach documentation that verifies current residential address
(Documentation may include utility bills, property tax statement, home or rental insurance, etc.)**

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.

Initials: _____

I understand that 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, 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 students in the school and the teacher(s). In addition, I authorize the release and exchange of confidential information regarding the student name.

Initials: _____

Signature of Parent/Guardian _____ Date: _____

For Silver Falls SD Use Only:

Final Action: Approved Denied - Reason _____

Superintendent/Designee: _____ Date: _____

Receiving District:

Final Action: Approved Denied - Reason _____

Superintendent/Designee: _____ Date: _____

Please email, mail, or drop off the completed form: Transfers@silverfalls.k12.or.us - 612 Schlador St. Silverton, OR 97381