



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

IN-DISTRICT RESIDENT TRANSFER APPLICATION

Date: _____ School Year for Initial Request: _____

SFSD Resident School: _____ Requested SFSD 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: _____

Sibling(s) currently enrolled at the requested school: Yes No

Reason for transfer request:

PARENT INFORMATION

Parent/Guardian Name: _____

Address: _____
Street City State Zip

Primary Phone: _____ Email Address: _____

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 in-district 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).

Initials: _____

Signature of Parent/Guardian _____ Date: _____

For Silver Falls SD Use Only:

Final Action: Approved Denied - Reason _____

Superintendent/Designee: _____ Date: _____

Please email, mail, or drop off the completed form: Transfers@silverfalls.k12.or.us
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