

**INTER-DISTRICT TRANSFER REQUEST - FOR SCHOOL YEAR \_\_\_\_\_**  
**Central Linn School District 552C**

Transfer from Resident School District: \_\_\_\_\_ Transfer to Receiving School District: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Enrolled Grade \_\_\_\_\_

Legal Last Name \_\_\_\_\_ Legal First Name \_\_\_\_\_ Legal Middle Nme \_\_\_\_\_

Resident Address \_\_\_\_\_

Telephone (Work) \_\_\_\_\_ (Home) \_\_\_\_\_ E-mail \_\_\_\_\_

Is the student currently expelled from any school district? \_\_\_\_\_

Reason for the transfer request (explain in detail). If more space is needed please attach additional sheets to this form.

**Conditions:**

The superintendent may immediately revoke permission to attend district schools for any student whose attendance/conduct does not meet the criteria set in Board Policy JECB and Administrative Regulation JECB-AR.

- > Interdistrict transfer requests, once approved, remain valid until high school graduation.
- > Parent or guardian will be responsible for transportation to and from the school.
- > The sending district will release state basic funds to the receiving district for the current school year.
- > **High School Students Please Note:** Interdistrict transfers can affect eligibility of interscholastic activities that are governed by the OSAA. Students and parents should investigate these regulations carefully when transferring.

I hereby certify the information I have provided is true and agree to the above conditions and understand that it is necessary and required for me to assume all responsibility for transportation.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**RESIDENT DISTRICT**

**RECEIVING DISTRICT**

Approved _____ Not Approved _____	Approved _____ Not Approved _____
Signature of Superintendent _____ Date _____ (Resident District)	Signature of Superintendent _____ Date _____ (Receiving District)
Reason for Approval/Denial: _____	Reason for Approval/Denial: _____
Additional Conditions: _____	Additional Conditions: _____
<b>CENTRAL LINN IS NOT RESPONSIBLE FOR COST ABOVE                  ADM OR TRANSPORTATION</b>	

Please return this form to the Central Linn School District Office, PO Box 200, Halsey, Oregon 97348. Please call 541-369-2813 if you have any questions.