

ASHLAND PUBLIC SCHOOLS
885 SISKIYOU BOULEVARD
ASHLAND, OREGON 97520

ATTENDANCE ZONE TRANSFER REQUEST

I,		reside at	
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Parent/Guardian	Address
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Contact Email	Contact Phone
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wish to transfer our child/children

From:		To:	
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Ashland School	Ashland School
beginning the school year of:	Or as of Date:

Reason:

NAMES OF CHILDREN	AGE	GRADE

I understand that, if this transfer is approved, my child/children would be subject to being moved back to the original or another school if the receiving school becomes overcrowded in grades.
I also understand that I am responsible for transportation to and from the receiving school provided there is no direct bus service from our area to the receiving school.

Parent/Guardian	Date
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PROCEDURE FOR SUBMITTING THE REQUEST: 1) Complete and sign this form, 2) Submit it to District Student Services, 885 Siskiyou Blvd., Ashland, OR 97520 or fax to 541-482-2371. You will receive an acknowledgment to your request.

Start of year requests will be determined by the third week of August prior to the start of school. Mid-year decisions will be made within two weeks of the Zone Transfer request.

Decisions will be made based on available space and balance of class size across sites. The Director of Student Services may consider hardship among other factors. The Director's decision is final and does not carry right of appeal.

The request for a transfer is: Approved Denied

Comment:

Director of Student Services	Date:
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