



Ashland School District
 School Year 2018 - 2019
 Interdistrict Transfer Request

I live in Ashland and want my child to attend:

District: _____

I am moving from Ashland and want my child to stay in an Ashland School.

I have an approved transfer from another district and the form has been submitted or is attached.

Student Legal First Middle Last Birth Date

Parent/Guardian First Middle Last Current Grade Level

Mailing Street Apt. # City Zip Apt. Complex Name

Primary Phone Secondary Phone Email

Is the student currently under expulsion? Yes No

If 'YES', what reason? _____

Is there a sibling of this applicant currently attending in this district? Yes No

If yes, name of sibling and school attending: _____

I hereby certify the information I have provided is true. I understand that falsely responding to any of the questions herein will result in denial and/or revocation of this application. If my child is admitted, I understand that my **child must maintain 95% attendance or better, grades at or above "C" or "proficient", and positive behavior while enrolled in Ashland Schools**, and that my child's **transfer may be revoked** at any time **if these requirements are not met** unless a multi-disciplinary team has determined otherwise when applicable. I understand that it is my responsibility to provide transportation to the District for my child. I understand any offer of acceptance is **valid for ten (10) days** without a release from the resident district and void thereafter.

 Signature of Parent/Guardian

 Date

If approved, this academic transfer does not constitute eligibility to participate in competitive interscholastic activities in the receiving school. Eligibility is determined by Oregon School Activities Association (OSAA) rules and the Nonresident District's Policy.

If you have a pre-approved release form, you may provide it with this application.

For Office Use Only Approved Wait List MID YEAR MOVE NTR Form complete
 Ashland District Action: Denied Lott. Num. _____ SUMMER MOVE Move Date: _____

Reason/Comments: _____

Superintendent/Designee _____ Date _____

Any offer of **acceptance is void after ten (10) business days** from the above date unless **release from the resident district** is obtained and this form is returned to Ashland School District Student Services.

Release is pre-approved on separate form – attached.

Resident District Action: Approved Denied Wait List Lott. Num. _____

Reason/Comments: _____

Superintendent/Designee _____ Date _____