



Ashland School District
 School Year _____ - _____
Interdistrict Transfer Request

District Requested: Ashland School District

School Preference: _____

I am also interested in: _____

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

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

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 _____