

ASHLAND PUBLIC SCHOOLS
885 SISKIYOU BOULEVARD
ASHLAND, OREGON 97520

ATTENDANCE ZONE TRANSFER REQUEST

I/We, _____ residing at _____
Parent/Guardian Address

wish to transfer our child/children who are listed below from _____
School

to _____.
School

REASON: _____

NAME(S) OF CHILDREN	AGE	GRADE
_____	_____	_____
_____	_____	_____
_____	_____	_____

I/We understand that, if this transfer is approved, our child/children would be subject to being moved back to the original or another school if the receiving school becomes overcrowded in grades.

I certify the above information is correct and understand and agree to the conditions attached to this request, including the responsibility of the parent to provide transportation to and from the receiving school (provided there is no direct bus service from our area to the receiving school) and of the student to maintain good attendance and behavior. This zone transfer request may be revoked at any time at the discretion of the district and must be renewed annually.

Parent/Guardian's Signature Date Telephone Number

- PROCEDURE FOR RESPONDING TO REQUEST:** 1) After completing the above, the requester submits the form to the CURRENT principal at the school in the assigned attendance zone. 2) Following recommendation, the current principal submits the form to the PROPOSED principal at the school to which the transfer is being requested. 3) Following recommendation by the proposed principal, the form is submitted to the superintendent for final action. 4) The requester is then notified of the administration's response.

RECOMMENDATIONS ON ATTENDANCE ZONE TRANSFER REQUEST:

CURRENT PRINCIPAL _____ YES _____ NO _____
Signature/Date

PROPOSED PRINCIPAL _____ YES _____ NO _____
Signature/Date

REQUESTED APPROVED BY SUPERINTENDENT _____ YES _____ NO _____
Signature/Date