



**Ashland School District**  
 School Year \_\_\_\_\_ - \_\_\_\_\_  
**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.

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  Wait List  MID YEAR MOVE  NTR Form complete  
 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.

Resident District Action:  Approved  Denied  Wait List  Lott. Num. \_\_\_\_\_

**Release is pre-approved** on separate form – attached.

Reason/Comments: \_\_\_\_\_

Superintendent/Designee \_\_\_\_\_ Date \_\_\_\_\_