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.

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

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

Reason/Comments: _____

Superintendent/Designee _____ Date _____