



INTER-DISTRICT TRANSFER APPLICATION  
SWEET HOME SCHOOL DISTRICT NO. 55

1920 Long Street  
Sweet Home, Oregon 97386

ORS 339.133(6)  
Policy JECB-AR

School Year: \_\_\_\_\_

Transfer From: \_\_\_\_\_ Resident School District: \_\_\_\_\_

Transfer To: \_\_\_\_\_ Receiving School District: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Resident Address: \_\_\_\_\_

Telephone: (Work) \_\_\_\_\_ (Home) \_\_\_\_\_ E-mail: \_\_\_\_\_

NAME OF STUDENT(S)	DOB	GRADE
1.		
2.		
3.		
4.		

Is student(s) currently expelled from any school district? \_\_\_\_\_

Reason for request: \_\_\_\_\_

**Conditions:** I understand the Sweet Home School District No. 55 reserves the right to immediately revoke permission for an inter-district transfer student to attend district schools whose attendance or conduct do not meet the criteria set in Board Policy JECB and Administrative Regulation JECB-AR.

- Inter-district transfer requests, once approved remain valid until high school graduation.
- Parent or guardian will be responsible for transportation to and from the school.
- An approved transfer does not guarantee enrollment at a particular school. Students wishing to transfer between district schools must follow in-district transfer procedures.
- The sending district will release state basic funds to the receiving district for the current school year.

**High School Students Please Note:** Inter-district transfers can affect eligibility of interscholastic activities that are governed by the OSAA. Students and parents should investigate these regulations carefully when transferring.

**I agree to the above conditions and understand that it is necessary and required for me to assume all responsibility for transportation.**

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

<u>RESIDENT DISTRICT</u>	<u>RECEIVING DISTRICT</u>
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	<input type="checkbox"/> Approved <input type="checkbox"/> Denied
Signature of Superintendent/Designee (Resident District) _____ Date _____	Signature of Superintendent/Designee (Resident District) _____ Date _____
Reasons for Approval/Denial: _____	Reasons for Approval/Denial: _____
Additional Conditions: _____	Additional Conditions: _____

**FOR RESIDENT DISTRICT USE ONLY**

Date received at District Office \_\_\_\_\_ Date sent to receiving district \_\_\_\_\_