

## **\*** FOR MOVES WITHIN THE BEAVERTON SCHOOL DISTRICT BOUNDARY **\***

GUIDELINES FOR A MID-SCHOOL YEAR M This Mid-School Year Student Move form is avai			
- During the school year. Forms should be ret school until the end of the school year.			
<ul> <li>During the summer and after attending a Beaverton school. Forms should be returned to the school where the student was attending prior to the summertime move. Students may stay at their current school until the end of the 2024-2025 school year.</li> <li>Parent/Guardian is responsible for arranging timely transportation for the student to and from school.</li> <li>At the end of the school year, the student's registration will automatically move to the neighborhood school associated with their new address.</li> </ul>			
This Mid-School Year Student Move form was de school year or summertime.	esigned for, and is used for, students who n	nove <b>within</b> the Beaverton So	hool District during the
If a student wishes to stay at their current school must meet the hardship criteria of that process. Tyear only. <b>Contact your student's school if your</b>	There are no guarantees for student placem		
Please complete <b>one form per student</b> : (ple	ease print)		
Student's Legal Name (first / middle / last)	Date of Bi	rth (MM/DD/YYYY)	2024-2025 Grade
School student is attending during the 2024-	2025 school year and wishes to compl	ete the year at:	
For summer moves, school student attended	l in 2023-2024 and wishes to attend in	2024-2025:	
NEW ADDRESS (address/ city / state / zip)		Date of M	Nove (MM/DD/YYYY)
Is the student currently under expulsion? $\Box$	Yes D No Reason:		
Is there a sibling(s) currently attending the B	eaverton School District living at the sa	ame address listed above?	? □ Yes □ No
Sibling's Legal Name (first / middle / last)	Name of S	School	2024-2025 Grade
PARENT / GUARDIAN – Please read and	sign below:		
I hereby certify that the information provided herein may result in denial and/or revocation expectations: 1) attendance of 92% or greate five days; and 3) no expulsions. I understand to and from school.	of this request. I understand the terms er; 2) no more than one suspension pe	s of a mid-school year mov r academic year; no suspe	ve include the following ension of, or greater than,
By typing my name in the box below, I agree District may reasonably rely on the authentic submit this request on behalf of my student.			
Parent / Guardian Name (first / last)	Cell Phone	Work Pho	one
Mailing Address:			
Email Address:			
For School Use Only:			
Date Approved for 2024-2025:	Student ID:	Add to Synergy Documents Tab □	
Revoked Date	Reason Revoked:		