PHOENIX-TALENT SCHOOLS

NON-RESIDENT INTERDISTRICT TRANSFER

ADMISSION REQUEST

School Year: _____

School Preference: _____

Student's Legal Name: _____ Birthdate: _____

Last First Middle

Parent/Guardian Name: _____ Grade: _____

Last First Middle *For school year above*

Home/Physical Address _____

Street, Apt # City, State and Zip

Mailing Address: _____

If different

Primary Phone: _____ Secondary Phone: _____

Email: _____

Is the student currently under expulsion? Yes ❒ No ❒

If yes, what is the reason? _____

Expelled from which district? _____

Is, or was the student previously a resident of the Phoenix-Talent School District? Yes ❒ No ❒

If yes, please provide the move/moving date: _____

Was your student previously on a Summer or Mid-Year Move Transfer? Yes ❒ No ❒

Does your student have any siblings who are attending Phoenix-Talent Schools? Yes ❒ No ❒

If yes, what's the name of the sibling(s) and school(s) they're attending? _____

I hereby certify the information I have provided is true and I understand that falsely responding to any of the questions will result in denial and/or revocation of this request. If my child is admitted, I agree to the conditions attached to this request, **including the responsibility of the parent to provide transportation and of the student to maintain good attendance, grades, and behavior.** This interdistrict transfer request may be revoked at any time by the receiving district if attendance, grades, and behavior requirements are not met.

Please note: Not all District programs and services are offered at each school location. Please confirm that your school choice has the program and services to meet the needs of your student. All District programs and special services are reserved for resident students first.

PARENT/GUARDIAN SIGNATURE: _____ Date: _____

** If approved, this 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.*

PLEASE SUBMIT THIS FORM TO THE DISTRICT OFFICE, 401 WEST 4TH STREET, PHOENIX, OR 97535

FOR OFFICE USE ONLY: ❒ Approved ❒ Wait List ❒ Mid-Year Move

Phoenix District Action: ❒ Denied ❒ Lottery # _____ ❒ Summer Move – Move Date: _____

Reason/Comments: _____

Superintendent/Designee: _____ Date: _____

RESIDENT DISTRICT ACTION: ❒ Approved ❒ Denied ❒ Wait List ❒ Lottery # _____

Reason/Comments: _____

Superintendent/Designee: _____ Date: _____