INTERDISTRICT TRANSFER REQUEST
ALSEA SCHOOL DISTRICT 7J
301 S 3RD STREET, ALSEA OR 97324

Reference: ORS 339.133(5)a   Request to begin School Year: _____

Transfer from Alsea School District

Transfer to Receiving School District: _____ Requested School: _____

Parent/Guardian Name(s) _____

Mailing/Resident Address: _____

Work Phone _____ Cell _____ Home/Evening _____

Email Address: _____

Legal Name of Student	Date of Birth	Grade Level	Graduation YR

Reason of request (required):_____

_____

Is this a continuation of an Interdistrict Agreement that is currently in effect   ___ Yes   ___ No, a first time request

Is the student named above currently expelled from any school district?   ___ No   ___ Yes (If yes, explain on the back of this form)

Notes & Conditions:
- Interdistrict transfer requests, once approved, remain valid through the highest level in the current school (K-12).
- Parents/guardians will be responsible for transportation to and from the school district.

High School Students: Note that this agreement does not guarantee student eligibility to play or participate in co- or extra-curricular activities. Students and schools are subject to all Oregon School Activities Association (OSAA) and other appropriate eligibility guidelines. Parents and students must be aware that a transferred student may be ineligible for a certain period of time. They may also be ineligible if and/or when they return to Alsea School District.

I hereby certify that the information I have provided is true and I understand that falsely responding to any of the questions herein will result in denial and/or revocation of this request. I acknowledge that the resident and non-resident districts will exchange student educational records and other educationally relevant information.

Signature of Parent/Guardian _____ Date _____

Return this form to the Superintendent's Office of __ALSEA SCHOOL DISTRICT__. If you have questions, please call (541)487-4503

Office Use Only Below

ALSEA SCHOOL DISTRICT	RECEIVING DISTRICT
☐Approved ☐Denied	☐Approved ☐Denied
_____ Signature of Superintendent/Designee Date	_____ Signature of Superintendent/Designee Date
Reasons for Approval or Denial: _____ _____	Reasons for Approval or Denial: _____ _____