

Umatilla School District 6R

Request for Nonresident Student Admission – Inter-district Transfer Form

Current Date: _____ Requested Date and/or School Year for Transfer to Take Effect: _____

School District Where Student Currently Resides (Resident District): _____

_____ Superintendent/Designee) Signature of Release from Resident District	_____ Date
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District Requesting Transfer to: _____

Student's Legal Last Name Legal First Name Legal Middle Name

Street Address _____

Apartment Complex _____ Apartment # _____

City _____ State _____ Zip _____

Date of Birth _____ Enrolled Grade [as of the requested transfer date] _____

Primary Phone of Parent/Guardian _____ Secondary Phone _____

Parent/Guardian Name (Person in Parental Relationship) _____

Is the student currently under expulsion or suspended pending an expulsion review? Yes No

If yes, what was the reason? _____

Expelled from which district: _____

I hereby certify 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 application. If my student is admitted, I hereby authorize the release of his/her educational records to the requested attending district stated above and certify that I am the parent or guardian in legal custody of the student.

Furthermore, I understand that if my student receives an inter-district transfer approval, he/she will be admitted pursuant to the attending district's board policy. Students will be expected to abide by the attending district's code of conduct, attendance, and academic standards. Students who fail to meet expectations may have their transfer revoked, at any time, at sole the discretion of the attending district's superintendent or designee. The decision to revoke the transfer is final and not subject to School Board review.

I understand that, unless otherwise stipulated, transportation to and from school is not included in this agreement.

Signature of Parent/Guardian _____ Date _____

For Office Use Only:	
Final Action of Nonresident District: <input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Wait list <input type="checkbox"/> Lottery number	
Reason or comments: _____	
Superintendent/Designee Signature: _____	Date _____