Santiam Canyon School District 129J
Out of District Transfer Form

Current School Year: _____ Transfer Effective (school year): _____

Transfer From: (Resident School District) _____

Transfer To: (Non-Resident School District) _____

Name of Parent/Guardian: _____ Phone #: _____ Secondary Phone #: _____

Street Address: _____City: _____ State: _____ Zip: _____

Mailing Address: _____City: _____ State: _____ Zip: _____

Parent Email Address: _____

Student's Legal Last, First & Middle Name: _____

Student's Date of Birth: _____ Current Grade Level: _____ Gender: ❑M ❑F

Is your account current, check with the school if necessary: ❑ Yes ❑ No

Reason for Request: _____ (If you need more space please write on the back or attach additional pages.)

_____

_____

Conditions:
The Santiam Canyon School District reserves the right to revoke permission for an out of district student to attend district schools at any time without prior notice. The approval of a request does not create any right to attend district schools, even for the remainder of a current school year. The superintendent or designee may immediately revoke permission to attend district schools for students whose conduct, attendance or academic efforts are not satisfactory to the principal.

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

Resident Pupil, for the purpose of collecting Basic School Support and this agreement, shall be defined as a pupil whose legal residence is not within the boundaries of the district reporting the pupil but who attends school in the district with written consent of the affected school districts.

By signing below I certify that all of the information provided on this form is true and accurate to the best of my knowledge.

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

_____   _____
Parent/Guardian Signature   Date

____ Approved ____ Not Approved	____ Approved ____ Not Approved
Superintendent Signature Date	Superintendent Signature Date
Reasons for Approval/Denial_____	Reasons for Approval/Denial_____
_____	_____
_____	_____
Additional Conditions_____	Additional Conditions_____
_____	_____
_____	_____