



**INTERDISTRICT TRANSFER REQUEST
PHILOMATH SCHOOL DISTRICT 17J**
1620 Applegate Street ~ Philomath OR 97370

Reference: ORS 339.133(5)a

Request to begin School Year: **2019-2020**

Transfer **from** "Resident" School District: _____ Resident School: _____

Transfer **to** Receiving School District: _____ Requested School: _____

Parent/Guardian Name(s): _____

Mailing/Resident Address: _____

Work Phone _____ Cell _____ City / Zip _____ Home/Evening _____

E-mail Address: _____

Legal Name of Student	Date of Birth	Grade in 2019-20	Graduation Year

Reason of Request: _____

Is this a continuation of an Interdistrict Agreement that is currently in place 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: I understand that Philomath School District (PSD) reserves the right to revoke permission for an interdistrict transfer student to attend PSD at any time, without prior notice. The approval of an interdistrict transfer does not create any right to attend Philomath School District, even for the remainder of a current school year. The Superintendent or designee may immediately revoke permission to attend PSD for students whose attendance, conduct or academic efforts are not satisfactory to the principal, in accordance with Policy JECB and JECB-AR.

- Interdistrict transfer requests, once approved, remain valid through the highest grade level in the current school (K-5; 6-8 or 9-12).
- Parent/guardian will be responsible for transportation to and from the school district.
- The sending district will release state basic funds to the receiving district while the agreement is in effect.

High School Students: Interdistrict transfers can affect eligibility of interscholastic activities that are governed by OSAA (Oregon School Activities Association). Students and parents should investigate these regulations carefully when transferring.

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

Signature of Parent/Guardian _____ Date _____

Return this form to the Superintendent's Office of your RESIDENT district. If you have questions, please call (541) 929-3169

* Office Use Only Below *

#1: RESIDENT DISTRICT		#2: RECEIVING DISTRICT	
<input type="checkbox"/> APPROVED	<input type="checkbox"/> DENIED	<input type="checkbox"/> APPROVED	<input type="checkbox"/> DENIED
Signature of Superintendent or Designee _____	Date _____	Signature of Superintendent or Designee _____	Date _____
Reasons for Approval or Denial: _____		Reasons for Approval or Denial: _____	
_____		_____	
_____		_____	