

# KLAMATH FALLS CITY SCHOOLS

Code: JECB-AR (3)

Revised/Reviewed: 6/09/14; 3/06/17

Orig. Codes (s): JECB-AR (3)

## Application for Nonresident Student Admission – Interdistrict Transfer With Consent of both Affected Districts County to City

Transfer requested for School Year 2019-2020 Student Grade Level in 2019-2020 \_\_\_\_\_

Resident School: \_\_\_\_\_ Requested School: \_\_\_\_\_

### Student Information:

Legal Last Name \_\_\_\_\_ Legal First Name \_\_\_\_\_ Legal Middle Name \_\_\_\_\_

Mailing Address \_\_\_\_\_ Apartment # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_ (MM/DD/YY) E-mail Address \_\_\_\_\_

Primary Phone of Parent/Guardian \_\_\_\_\_ Secondary Phone \_\_\_\_\_

Parent/Guardian Printed Name (Person in Parental Relationship) \_\_\_\_\_

Is the student currently under expulsion?  Yes  No

If yes, what was the reason: \_\_\_\_\_

Is there a sibling of this applicant currently attending in this district?  Yes  No

If yes, name of sibling and school attending: \_\_\_\_\_

Does the student currently have a transfer for the 2019-2020 school year?  Yes  No

Has the student attended a public charter school in the district for three consecutive years; finished the highest grade possible in that school; and has not attended another school outside the district since completing that grade?  Yes  No

Is, or was the student a resident of this district in the current school year?  Yes  No

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**NOTE:** If your student is currently or planning to participate in an OSAA sanctioned activity/sport it is strongly recommended that you contact the Administrator/Athletic Director at the school you are requesting to attend to determine if the student will be eligible to participate.

### For Office Use Only:

Final Action of **Nonresident District**:  Approved  Denied  Lottery number \_\_\_\_\_

Reason for denial: \_\_\_\_\_

Signature of **Nonresident District** Superintendent/Designee \_\_\_\_\_ Date \_\_\_\_\_

Final Action of **Resident District**:  Approved  Denied

Signature of **Resident District** Superintendent/Designee \_\_\_\_\_ Date \_\_\_\_\_