

KLAMATH FALLS CITY SCHOOLS

Code: **JECB-AR (3)**

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

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

Application for Resident Student Admission – Intradistrict Transfer With Consent of both Affected Schools City 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 _____

For Office Use Only:

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

Reason for denial: _____

Signature of **Resident District** Superintendent/Designee

Date