

KLAMATH FALLS CITY SCHOOLS

Code: **JECB-AR(4)**

Revised/Reviewed:
April 22, 2014

Application for Nonresident Student Admission – Interdistrict Transfer

Transfer requested for School Year 2017-2018 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) Student Grade Level in [2017-2018] _____

Primary Phone of Parent/Guardian _____ Secondary Phone _____

E-mail Address _____

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 2016 - 2017 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