



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

Reference: ORS 339.133(5)a

Request to begin School Year: **2017-2018**

Transfer **from** "Resident" School District: \_\_\_\_\_ Resident School: \_\_\_\_\_

Transfer **to** Receiving School District: \_\_\_\_\_ Requested School(s): \_\_\_\_\_

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 2017-18	Graduation Year

Is this a continuation of an Interdistrict Agreement that is currently in place  Yes  No, a first-time request

Are any of the above students currently expelled from any school district?  No  Yes (If **yes**, explain on the back of this form)

Reason for the Interdistrict Request: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**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)
- Student(s) must maintain regular school attendance.
- Student(s) will continue development in school programs and adhere to school rules.
- 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 for the current school year.

**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 \***

I agree to accept the above student(s) pending the Superintendent/Designee approval: \_\_\_\_\_

Principal Signature - Receiving School

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

Completed Form:  Resident District  School  Parent/Guardian