

## **Request for Interdistrict Transfer Out of Resident District**

| Transfer Requested for Scho                       | ool Year   |
|---|--|
| Transfer from Resident School District: Corvall   | lis School District Resident School              |
| Transfer to Receiving School District             | Requested School(s)                              |
| Reason for Requested Transfer:                    |  |
| Is the student currently expelled from any school | l district? ☐ No ☐ Yes - If yes, please explain. |
| <b>Student Information</b>                        |  |
| Legal Last Name                                   | Legal First Name                                 |
| Home/Mailing Address                              |  |
|   | ateZip   |
| Date of Birth (MM/DD/YY)                          | Grade Level Entering for requested year          |
| Parent/Guardian Information                       |  |
| Parent/Guardian Name (Person in Parental Relati   | ionship)   |
| Primary Phone of Parent/Guardian                  | Secondary Phone                                  |
| Parent/Guardian Email Address                     |  |
| Signature of Parent/Guardian                      | Date   |
| Granting the request does not g                   | guarantee acceptance to another district.        |
| For O   | Office Use Only                                  |
| Resident District                                 | Receiving District                               |
| ☐ Approved ☐ Denied                               | ☐ Approved ☐ Denied                              |
| Signature of Superintendent/Designee Date         | Signature of Superintendent/Designee Date        |
| Reason(s) for Approval or Denial                  | Reason(s) for Approval or Denial                 |
|   |  |
|   |  |

Corvallis School District 509J - 1555 SW 35<sup>th</sup> Street/PO Box 3509J - Corvallis, OR 97339 - 541-766-4704

The Corvallis School District does not discriminate on the basis of age, citizenship, color, disability, gender expression, gender identity, national origin, parental or marital status, race, religion, sex, or sexual orientation in its programs and activities, and provides equal access to designated youth groups. The following person has been designated to handle inquiries regarding discrimination: Jennifer Duvall, Human Resources Director and Title IX coordinator, jennifer.duvall@corvallis.k12.or.us 541-757-5840 | 1555 SW 35<sup>th</sup> Street, Corvallis, OR 97333