

**Salem-Keizer School District
NON-RESIDENT DISTRICT TRANSFER PROCESS
Parent/Guardian Checklist**

_____ Complete non-resident transfer request form from the Resident District for each child.

_____ Gather documentation-REQUEST WILL NOT BE PROCESSED UNLESS THIS INFORMATION IS PROVIDED:

- Proof of residence (copy of utility bill or drivers license)
- Child's most recent report card
- Copy of IEP or Section 504, if child has Special Education needs

_____ Submit completed form and documentation to Secondary Education

Please mail or fax the completed form to: Salem-Keizer School District – Secondary Education
Attn: Edie Buchanan
PO Box 12024
Salem OR 97309-0024
503-375-7817 - fax

Or deliver the form to: Salem-Keizer School District – Secondary Education
Edie Buchanan
2450 Lancaster Dr NE STE 130
Salem OR 97305



RON SPECK, Director, STEPHEN LARSON, Director, Elementary Education
503-399-2632 • FAX: 503-375-7804
MELISSA COLE, Director, KELLY CARLISLE, Director, Secondary Education
503-399-2636 • FAX: 503-375-7817
2450 Lancaster Dr. NE, Ste. 130 • PO Box 12024 • Salem, Oregon 97309-0024

Sandy Husk, Superintendent

NON-RESIDENT DISTRICT TRANSFER REQUEST FORM
To Be Completed By Parent/Guardian:
PLEASE PRINT

Date: _____ School Year: _____

From: _____
Resident School District Resident School

To: _____
Requested School District Requested School

Name of Petitioner: _____
Parent/Guardian – Please Print

Address: _____ Phone: Home (____) _____
Street City Zip Work (____) _____

Mailing Address: (If different from above) _____
Street/PO Box City Zip

Name of Student: _____
Please Print Date of Birth Grade

Reason for petition: (attach additional pages if necessary) _____

HAVE YOU ATTACHED OR ANSWERED THE FOLLOWING—REQUEST WILL NOT BE PROCESSED UNTIL INFORMATION RECEIVED:

- Copy of the most recent report card: Yes No
Verification of current address (utility bills, phone bills, or drivers license): Yes No
Student requires SPECIALIZED SERVICES—IF YES SEE BELOW: Yes No
Specialized services include, MARK EACH BOX THAT APPLIES:
 TAG ELL Other – please describe: _____
 Special Education (ATTACH PLAN) Alternative Education _____
 EI/ECSE Teen Parent _____
 Section 504 (ATTACH PLAN)

Has student ever been suspended? Yes No
If yes, reason: (attach additional pages if necessary) _____

Has student ever been expelled? Yes No
If yes, reason: (attach additional pages if necessary) _____

Parents are reminded that this transfer application, if approved, will allow the student to complete an academic transfer, but does NOT guarantee eligibility to participate in competitive interscholastic activities at the receiving school. Competitive eligibility is determined by Oregon School Activities Association (OSAA) rules. If you have questions about OSAA eligibility, contact the building administrator at the receiving school PRIOR TO COMPLETING THIS TRANSFER.

I understand that it is necessary and required for me to assume all responsibility for transportation. I also understand that this agreement may be revoked at any time due to attendance or behavior or lack of academic effort. I further understand that for this non-resident transfer to continue, there must be an ongoing positive relationship between the parent(s)/guardian(s) and the school that enhances the probability of success for the transfer student, the other students in the school and the teachers(s). In addition, I authorize the release and exchange of confidential information regarding the student named.

Parent/Guardian Signature

Date

Salem-Keizer School District attending/receiving district policy

- Completed transfer forms must be on file for every student.
- The attending/receiving district will claim the State School Fund for the student.
- The Salem-Keizer School District will not be responsible for student's transportation.
- The request will be reviewed by both districts annually if attendance is desired after the approved school year.
- This agreement may be revoked if attendance becomes irregular.
- This agreement may be revoked due to lack of academic effort.
- This agreement may be revoked if the student does not abide by the district discipline policy.

Resident School Office Use Only

Resident School District:

_____ Approved _____ Denied

Reason/Comment: _____

Authorized Signature: _____ Date: _____

IEP STUDENTS ONLY—Student Services—District Office

_____ Approved _____ Denied

IDEA Letter of Agreement Completed and Attached: _____

(Authorized Signature and Date)

Receiving School Office Use Only

Receiving School:

_____ Approved _____ Denied

Reason/Comment: _____

Authorized Signature: _____ Date: _____

Receiving School District

_____ Approved _____ Denied

Reason/Comment: _____

Authorized Signature: _____ Date: _____

IEP STUDENTS ONLY—Student Services—District Office

_____ Approved _____ Denied

IDEA Letter of Agreement Completed and Attached: _____

(Authorized Signature and Date)