

Reynolds School District Administration Offices 1204 NE 201st Avenue Fairview, OR 97024 503.661.7200 • FAX 503.667.6932

Request for Nonresident Student Admission-Interdistrict Transfer with Consent of Both Affected Districts • JECB-AR (4b)

Use this form if your student moved into the Reynolds School District after the start of school and wishes to complete the remainder of the school year in their current district and enroll in a Reynolds school next fall.

Student State ID #		District ID#		Date of	Date of Birth	
Student Legal Last Name		Student Legal First Name		Studen	Student Legal Middle Name	
Parent/Guardian Last Name		Parent/Guardian First Name		Parenta	Parental relationship to student	
					-	
Results will be mailed to this address		Parent/Guardian Primary Phone				
Street		Parent/Guardian Secondary Phone				
Apartment Complex		Tarent Guardian Secondary Thore				
Apartment #		Email Contact				
City						
StateZip						
Grade Level in 2015-2016 Home School			Last School Attend	led	Last District Attended	
Requesting School Requesting Di					d to contact OSAA at 503.682.6722 hletics and activity eligibility	
Is your student currently under expulsion?						
Parent/Guardian Signa			←	Date		
If my child is admitted, I hereby authorize the release of the student educational records to the requested district and certify that I am the parent or guardian in legal custody of the student.						
September 9th – June 15th						
Final Action of Reynolds School District						
Authorizing signature			Approved \Box	Denied 🗖		
Appeal			Approved \square	Denied 🗖		
11					Date	
Final Action of Requested School District						
☐ Approved ☐ De	enied	_ Authorizing signature	☐ Lottery Num	hor	Date	
Approved Defined Wait List Declary Number						