

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

Request for Nonresident Student Admission-Tuition Students • JECB-AR (5)

Use this form if your student resides out of State or is unable to gain permission from the resident district.

| Student State ID # | | District ID# | | Date of | Date of Birth | |
|--|----------------------|---------------------------------|---|-----------|--|--|
| Student Legal Last Name | | Student Legal First Name | | Student | Student Legal Middle Name | |
| Parent/Guardian Last Name | | Parent/Guardian First Name | | Parental | Parental relationship to student | |
| Tarvite Outerdian East Paint | | 1 areno Guardian I not i fame | | 1 dicitui | | |
| Results will be mailed to this address | | Parent/Guardian Primary Phone | | | | |
| Street | | Parent/Guardian Secondary Phone | | | | |
| Apartment Complex | | 1 archi/Guardian Sc | condary I none | | | |
| Apartment # | | Email Contact | | | | |
| City | | Eman Contact | | | | |
| StateZip | | <u> </u> | | | | |
| Grade Level in 2015-2016 | 015-2016 Home School | | Last School Attended | | Last District Attended | |
| | | | | | | |
| Requesting School | Requesting District | | OSAA students will need to contact OSAA at 503.6 for guidance on athletics and activity eligibility | | | |
| | | | | | | |
| Is your student currently) under expulsion? Yes No If yes, what was the reason? | | | | | | |
| Parent/Guardian Signature | | | | | Date | |
| I hereby certify that the information I have provided is true and I understand that falsely responding to any of the questions herein will result in denial and/or revocation of this application. 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. | | | | | | |
| OPEN YEAR ROUND | | | | | | |
| Final Action of Reynolds School District | | | | | | |
| Authorizing signature | | | Approved \square | Denied 🗖 | Date | |
| Authorizing signature Appeal | | | Approved \Box | Denied | —————————————————————————————————————— | |
| - Appen | | | | | Date | |
| Final Action of Nonresident District (OPTIONAL) | | | | | | |
| Authorizing signature Approved Denied | | | | | Date | |
| And in the control of the Domestic Administration Office and Code with the control of the contro | | | | | | |

Applications will be accepted at the Reynolds Administration Office only. Submit by mail, fax, scanned email or in person 503.661.7200

Reynolds School District 1204 NE 201st Avenue Fairview, OR 97024 10/17/14 JECB-AR (5)

Phone

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Fax