

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 (4a)

Use this form if you live in the Reynolds School District and wish to apply to attend another district

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	l relationship to student	
Results will be mailed to this address		Parent/Guardian Primary Phone				
Street						
Apartment Complex		Parent/Guardian Secondary Phone		İ		
Apartment #				İ		
CityZip		Email Contact				
				<u>L</u>		
		et OSAA at 503.682.0	5722 for guidance or	n athletics and acti		
Grade Level in 2016-2017	Home School		Last School Atten	ded	Last District Attended	
Requesting School	Requesting Di	istrict			1	
OPEN APRIL 2016 – SEPTEMBER 7, 2016						
Is your student currently und If yes, what was the reason?	der expulsion?	□ <b>Y</b>			No	
i	•••••					
 	•••••			←		
Parent/Guardian Signature					Date	
Final Action of Reynolds School District	<b>*</b>					
That Action of Acynoids School District						
Authorizing signature			Approved $\Box$	Denied 🗖	Date	
Appeal			Approved 🗖	Denied 🗖		
ppan.						
Final Action of Nonresident District						
		_Authorizing signature			Date	
☐ Approved ☐ De	☐ Wait List					

4/06/2016 JECB-AR (4a)

TRANSFER REASONS Please ✓ One					
District Policy criteria for consideration to release student from resident district					
☐ Unique, educational program not offered in the Reynolds Schools. This unique program is:					
☐ Student whose parent(s) live within the Reynolds School District but is an employee of another school district.					
☐ Student and/or parent(s) who has a verifiable exclusive and extraordinary hardship that would be alleviated as a result of a transfer to a Non-Resident District.					
Transportation is not provided for approved transfers					
Detailed explanation based on the criteria you selected above:					
DCIAIICU CAPIAIIAUUII DASCU OII UIC CIACITA YOU SCICCICU ADOVC;					
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.					
Parent/Guardian Signature Date					
I I 4					
☐ I agree to abide by Reynolds School District Policy #JECB • Inter-District Transfers.					

## OPEN APRIL 2016 - SEPTEMBER 7, 2016

Reynolds School District 1204 NE 201st Avenue Fairview, OR 97024

Applications will be accepted at the Reynolds Administration Office only. Submit by mail, fax, scanned email or in person Inquiries & scanned applications to: RSD Reception

Phone 503.661.7200 Fax 503.667.6932

transfers@rsd7.net