

SOUTH LANE SCHOOL DISTRICT 45J3 Inter-District Transfer Agreement Request Form

SCHOOL YEAR _____

INCOMING STUDENT _____

EXITING STUDENT _____

RESIDENT DISTRICT _____

NON-RESIDENT DISTRICT _____

FOR DISTRICT OFFICE USE ONLY

Student ID # _____

Date Rec'd _____

☐ Inter-district Student

☐ Tuition Student

Legal Last Name _____ Legal First Name _____ Legal Middle Name _____

Date of Birth _____ Current Grade _____

Student Phone: H _____ W _____ C _____

Physical Address _____

Mailing Address _____

City _____ State _____ Zip _____

Parent/Guardian Name _____

Parent/Guardian Phone: H _____ W _____ C _____

Is the student currently under expulsion? ☐ Yes ☐ No


If yes, please state reason: _____

Date of expulsion: _____ Is the expulsion still in effect? _____

Expelled from which district: _____

CONDITIONS REGARDING INTER-DISTRICT TRANSFER AGREEMENT APPROVAL under ORS 339.125 and the policies adopted by the South Lane School District Board of Directors:

1. The South Lane School District shall admit the student who is a resident of another district and provide them with the same instruction and services as are provided by SLSD to its own resident students within the parameters of the applicable laws and regulations.
2. It is understood that the SLSD shall claim support funds for the student listed on the front of this form. South Lane School District shall submit reports to the Oregon Department of Education as required showing enrollment, withdrawal and attendance of this student.
3. The Inter-District Transfer Agreement shall be in effect from the date of admission of the student through the end of the current school year.
4. Grades, attendance, and personal behavior must meet the same standards as required by all students in the South Lane School District or the inter-district transfer agreement may be rescinded.
5. Students granted admittance from other districts may not be eligible to participate in OSAA sanctioned athletics and activities for the district.

Continued on Back 

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 request. I acknowledge that the resident and non-resident districts will exchange student educational records and other educationally relevant information. I have read, understand and agree to the conditions/requirements listed on the reverse side of this agreement.

Signature of Parent/Guardian _____ Date _____

Parent/Guardian Name _____
Please Print

INTER-DISTRICT/TUITION TRANSFER APPROVAL

Resident District Action: Approved _____ Denied _____ Reason for Denial/Add'l Comments:

Superintendent

Date

Non-Resident District Action: Approved _____ Denied _____ Reason for Denial/Add'l Comments:

Superintendent

Date