jennifer.vesper@sheridan.k12.or.us



435 S Bridge Street, Sheridan Oregon 97378 Phone: (971) 261-6959 Fax: (503) 843-3505 www.sheridan.k12.or.us

Dorie Vickery, Superintendent

Inter-District Transfer

To be completed by Parent/Guardian – Please Print

Student Legal Name:			
Last Name, F	First Name, Middle Initial		
Date of Birth:	School Year:		Grade:
MM/DD/YYYY		Y/YY	
Physical Address:			
Mailing Address:			
City:	State:	Zip Code:	
Primary Phone of Parent/Guardia	n:		
Has the Student ever been expelle	ed/ currently facing expulsion?	P 🛛 No	Yes
If yes, what was the reason?			
Please be advised that If this transfer is a does not guarantee eligibility to participa participate is determined by the Oregon contact the receiving school prior to com Requested School and District:	te in competitive interscholastic actives Schools Activities Association (OSAA) pleting this transfer.	vities at the receiv rules. For questic	ving school. Eligibility to ons about OSAA eligibility, please
By signing below, you understand that yo any time for failure to abide by school rul confidential information regarding the st	es or irregular attendance. You are a		
Printed name	Signature		Date
FOR OFFICE USE ONLY:			
Final Action of <u>Sheridan School District</u> :	Approved Denied		
Reason for denial:			
Superintendent/Designee:			Date:
Final Action of Nonresident District:	Approved Denied		
Reason for denial:			
Superintendent/Designee:			Date:

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Optional Information:

Sheridan School District would like to know why you are requesting a transfer so we may better serve our students. This is optional information and will only be shared with the superintendent.

Reason for requesting transfer:

- □ Requested district is closer to work
- □ Family members live in requested district

□ Bullying

□ Educational opportunities offered at requested district

□ School Setting

- □ Problem with teacher/staff
- □ Specialized education at requested district
- □ Childcare

Additional information for requesting transfer: