

Please drop off, mail or
email the completed form:
info@sheridan.k12.or.us



SHERIDAN

SCHOOL DISTRICT

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, First Name, Middle Initial

Date of Birth: _____ School Year: _____ Grade: _____
MM/DD/YYYY YY/YY

Physical Address: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Primary Phone of Parent/Guardian: _____

Has the Student ever been expelled/ currently facing expulsion? ☐ No ☐ Yes

If yes, what was the reason? _____

Please be advised that If this transfer is approved, the student will have completed an academic transfer. An academic transfer does not guarantee eligibility to participate in competitive interscholastic activities at the receiving school. Eligibility to participate is determined by the Oregon Schools Activities Association (OSAA) rules. For questions about OSAA eligibility, please contact the receiving school prior to completing this transfer.

Requested School and District: _____

By signing below, you understand that you assume all responsibility for transportation and this agreement may be revoked at any time for failure to abide by school rules or irregular attendance. You are authorizing the release and exchange of confidential information regarding the student named on this form.

Printed name

Signature

Date

FOR OFFICE USE ONLY:

Final Action of Sheridan School District: **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:
