



PHOENIX-TALENT SCHOOLS

RESIDENT INTERDISTRICT TRANSFER RELEASE REQUEST

School Year: _____

Requested District: _____

Student's Legal Name: _____ Birthdate: _____
Last First Middle

Parent/Guardian Name: _____ Grade: _____
Last First Middle For school year above

Home/Physical Address _____
Street, Apt # City, State and Zip

Mailing Address: _____
If different

Primary Phone: _____ Secondary Phone: _____

Email: _____

Is, or was the student a resident of the requested school district? Yes No

If yes, please provide the date you moved into the Phoenix-Talent School District: _____

Does your student have any siblings who are currently attending the requested district? Yes No

If yes, what school is/are the sibling(s) enrolled in? _____

I hereby certify that I am a current resident of the Phoenix-Talent Schools' boundaries and I understand that I, if admitted to another district, I must provide that district any requested address verification documentation per their enrollment policy as allowed under Oregon laws. I certify that all 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.

PARENT/GUARDIAN SIGNATURE: _____ Date: _____

**If approved, this transfer does not constitute eligibility to participate in competitive interscholastic activities in the receiving school. Eligibility is determined by Oregon School Activities Association (OSAA) rules and the Nonresident District's Policy*

FOR OFFICE USE ONLY:

Approved as a mid-year or summer move

RESIDENT DISTRICT ACTION: Approved Denied Wait List Lottery # _____

Reason/Comments: _____

Superintendent/Designee: _____ Date: _____

REQUESTED DISTRICT ACTION: Approved Denied

Reason/Comments: _____

Superintendent/Designee: _____ Date: _____

**Release void if not a Phoenix-Talent Schools Resident. Residency verification is the requirement of the receiving district after acceptance.*