

Transfer R	elease Request	Requested District		
Student's Legal Name	First	Middle	Birth Date _	
Parent/Guardian Name			Grade Level	
				(for school year above)
Physical Address Street	Apt. #	City	State	 Zip
Mailing Address	·			r
Street	Apt. #	City	State	Zip
Primary Phone	Secondary Phone		Fmail	
Does your student have any site fyes, what school is/are the sile				
I hereby certify that I am a curr admitted to another district, I r enrollment policy as allowed un understand that falsely respond application.	must provide that district any render Oregon laws. I certify that	equested address all the information	verification docume on I have provided is	entation per their strue and I
Signature of Parent/Guardian _		Date	<u> </u>	
f approved, this academic trar	nsfer does not constitute eligi	ibility to particip	ate in competitive i	nterscholastic

School Year _____

If approved, this academic 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 number				
Reason or comments:				
Superintendent/Designee: Date:				
Requested District Action: □ Approved □ Denied				
Reason or comments:				
Superintendent/Designee: Date:				
Release void if not a Phoenix-Talent Schools' Resident. Residency verification is the requirement of the receiving district after acceptance.				