



NON-RESIDENT TRANSFER OUT REQUEST FORM MUTUAL DISTRICT CONSENT AGREEMENT

This form is required if you reside in North Marion School District attendance area and wish to request to attend school in another school district via Oregon's traditional non-resident interdistrict transfer method.

Complete ALL Sections 1, 2, 3, 4 & 5. INCOMPLETE REQUESTS WILL RESULT IN DELAY OR DENIAL

IMPORTANT NOTE: Transfers out will be reviewed case by case and may only be approved if meets ORS 581-021-0019(6)(a) in the event of an emergency to protect the health, safety or welfare of the student or if the student experiences a hardship as defined by [ORS 581-021-0019\(1\)](#).

REQUESTED SCHOOL YEAR: _____ Today's Date: _____

SECTION 1 -- NON RESIDENT SCHOOL DISTRICT REQUESTED

What Nonresident School District are you requesting? ↑ _____ What School District is your student currently attending school? _____ How long? _____

SECTION 2 -- STUDENT INFORMATION (Please Answer All Questions Below - Print Clearly)

Student(s) FULL Legal Name: <small>Legal Last Name Legal First Name Middle Name</small>	Date of Birth <small>(mm/dd/yyyy)</small>	2024-25 Grade Level	Requested School (where you want your student to attend)	Is this a New Request?
1.				<input type="radio"/> Yes <input type="radio"/> No If Yes, answer all questions below
2.				<input type="radio"/> Yes <input type="radio"/> No If Yes, answer all questions below
3.				<input type="radio"/> Yes <input type="radio"/> No If Yes, answer all questions below

A. If this is a NEW request. I have provided documentation that verifies current address and phone number Yes No | If No, reason below:
(documents accepted: current utility bill, rental/lease agreement, payroll stub, or bank statement) _____

B. Is, or was the student a resident of the requested school district in the current school year? ¹ _____ If Yes, moving date: _____

C. Is there a sibling of this applicant currently attending in the requested school district? Yes No

D. Does student(s) plan to participate in High School OSAA interscholastic activities? Yes No | If Yes, see guidelines on reverse side

E. Is the student(s) currently expelled? _____ If Yes, Why? _____

SECTION 3 -- PARENT OR LEGAL GUARDIAN INFORMATION (Please Print Clearly)

Parent/Legal Guardian(s): _____ Preferred Phone: _____
Relationship to Student: (_____) Work/Other Phone: _____
 Email: _____

Street Address: _____ | City: _____ | ST: _____ | Zip: _____
(Required) Student lives at this address ↑ How Long? ___ Yr; ___ Mo.

Mailing Address: _____ | City: _____ | ST: _____ | Zip: _____
if different from above P.O. Box/Street

SECTION 4 -- REASON FOR REQUEST OUT OF NORTH MARION SCHOOL DISTRICT (optional)

Reason: Your response is appreciated, but not required. This information is used for helping us improve our programs to serve our students better. Please be specific; such as; childcare, moved, academics, safety, hardships. Attach additional sheet if necessary.

SECTION 5 – NOTES & CONDITIONS / SIGNATURE REQUIRED:

The sending (resident) district will release state basic school fund to the receiving district for the school year based on ADM (Average Daily Membership). If the above named student(s) is determined to be eligible for Special Education services, the sending (resident) district will meet to determine placement and funding for the student(s).

- I am the legal parent/guardian of said student.
- The above-stated student lives with me.
- If you are moving into the requested Non-Resident School District, documentation is required (*documents accepted: proof of active search, property listing, buyer/seller earnest agreement, official rental/lease agreement or receipts*).
- Transportation to and from school to the requested district is the responsibility of the transferring student and family; however access to existing bus stops may be authorized by the district, depending on space availability.
- Approval of this request is subject to the receiving district policies regarding transfers; considerations may be contingent upon adequate space, resources, staff, adequate programs at the requested grade and school; and satisfactory academic progress, attendance and behavior.
- Admission Agreements will be reviewed by both districts annually; and shall require approval/renewal each year, unless otherwise stated.
- *OSAA Rules - Parents of high school students must understand and agree that an approved non-resident agreement does allow the student to complete an academic transfer, but does not guarantee eligibility to participate in competitive interscholastic activities. Due to additional state rules, competitive eligibility is determined by Oregon School Activities Association (OSAA) rules. If you have questions about OSAA eligibility, please contact the OSAA Office before you transfer and prior to completing this form.*
- I understand that falsely responding to any of the questions throughout will result in denial and/or revocation of the request, and that I may be responsible for payment of the appropriate student tuition equivalent to the per student State School Fund amount plus any additional weighting/funding.
- I authorize the release and exchange of educational records and other educationally relevant confidential information regarding my child.

YOUR SIGNATURE IS REQUIRED TO BE VALID: (please place checkmark in box)

- I understand and agree to the conditions set forth above upon approval of this application for conditional admission to the school district requested.
- I hereby declare that I have provided true, correct and complete information to the best of my knowledge and belief.

Parent/Legal Guardian Signature (*)

Date

*** RETURN THIS COMPLETED/SIGNED FORM TO YOUR RESIDENT DISTRICT OFFICE VIA US MAIL OR EMAIL to diane.laubsch@nmarion.k12.or.us**

DISTRICT OFFICE USE ONLY BELOW

NORTH MARION SCHOOL DISTRICT	RECEIVING SCHOOL DISTRICT
Hereby authorizes the attending/receiving district to claim the 'ADM' State School Fund for the Student. STUDENT RELEASED: <input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Other Reason/Comment: _____ _____ Superintendent/Designee Signature Date	Hereby accepts the student via traditional transfer STUDENT ACCEPTED: <input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Other If Approved, <input type="checkbox"/> Until Graduation <input type="checkbox"/> 1 year only Reason/Comment: _____ _____ Superintendent/Designee Signature Date
ATTENDING DISTRICTS: ¹ PLEASE RETURN SIGNED AGREEMENT ² RETAIN COPY FOR YOUR RECORDS	

Reviewer/Data Processing Management

Date Reviewed _____	<input type="checkbox"/> New	<input type="checkbox"/> Copy Resident School Principal (if applicable)	<input type="checkbox"/> Email Receiving District	<input type="checkbox"/> Email Parent/Guardian
Reviewer Initials _____	<input type="checkbox"/> Renewal Yr ____		<input type="checkbox"/> Mail Receiving District	<input type="checkbox"/> Mail Parent/Guardian
			<input type="checkbox"/> Data Entry to Students OUT list	<input type="checkbox"/> Phone Parent/Guardian