SISTERS SCHOOL DISTRICT

525 E. Cascade Ave. Sisters Oregon 97759 Phone (541) 549-8521 FAX (541) 549-8951 www.sisters.k12.or.us

INTER-DISTRICT TRANSFER REQUEST FORM

SCHOOL YEAR: 2022-2023

(Request for a student residing in the Sisters School District attendance area to attend school in another school district)

(1.00						in another concertaiother,	
		PER	RSONAL INFORMAT	ION			
STUDENT NAME:			ENDER:	DOB:		GRADE IN 2022-2023:	
PHYSICAL ADDRESS: MAILING ADDRESS:							
PARENT/GUARDIA	N NAME:						
HOME PH: WORK			FAX:		E-MAIL		
SCHOOL DISTRICT YOU WOULD LIKE YOUR CHILD TO ATTEND							
Bend-La Pine □	d-La Pine □ Crook County □ Culver		Jefferson County □ R		dmond □ Other □		
School (1st Choice):				chool (2 nd Choice):			
REASON FOR TRANSFER							
SPECIAL NEEDS (<i>Please be specific</i>) − Individual Education Plan (IEP) □ Health Conditions □ Other (such as ELS services, etc) □							
	•	Health Conditions □			Other (such as ELS services, etc)		
Please Explain:							
Is the student curre	Is the stude	Is the student currently on an expulsion? Yes □ No □					
Parents will comp	lete this form and sub	omit it to the Sist	ers School Dist	rict Office.			
1. All transfer requests will be processed on a case-by-case basis							
2. Once approved by the Sisters School District, the transfer request will be forwarded to the receiving school district for							
						s policies regarding transfers.	
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3. Parents/guardians will be responsible for providing transportation for approved transfer students.							
 A transfer does not guarantee eligibility to participate in competitive interscholastic activities/athletics at the attending school. Competitive eligibility is determined by OSAA rules. 							
Parent/Guardian Signature				Date			