

INTER-DISTRICT TRANSFER REQUEST FORM SCHOOL YEAR: 2025-2026

BELONG · PREPARE · INSPIRE

This form is to be used for a student residing in the Sisters School District attendance area to attend school in another district.

			PERSONAL II	NFORMATION			
Student Name:				DOB:		Grade in 2025-2026:	
Parent / Guard	an Name:			l		L	
Physical Address:				Mailing Address:			
,							
Phone:		Alt Phone:		E-Mail:			
SCHOOL DISTRICT YOU WOULD LIKE YOUR CHILD TO ATTEND							
Bend-La Pine:	☐ Crook County		Jefferson County		Other: □		
School (1st Choice):		School (2 nd Choic					
concert (1 choice).							
REASON FOR TRANSFER							
			ADDITIONAL I	NFORMATION			
Is the student o	urrently on an expu	lsion? Yes □ 1	No □	Has the student eve	er been expelle	ed? Yes□ No□	
If yes, please list reason(s) and date(s) of the expulsion(s):							
ii yes, piease ii	st reason(s) and uat	te(s) of the expulsit	лі(s).				
Parents / guardia	ns will complete this	s form and submit i	t to the Sisters Scho	ool District Office (<u>ssc</u>	@ssd6.org).		
1. All trar	sfer requests will be	e processed on a ca	ise-by-case basis.				
Once approved by the Sisters School District, the transfer request will be forwarded to the receiving school district for final review and processing. Approval of the request is subject to the receiving district's policies regarding transfers.							
3. Approved transfers from outside Sisters School District will remain in effect for the level at which the student enrolls (elementary, middle on high school), and must be renewed at the point of transition to middle or high school, or if requesting a new school.							
4. Parents / guardians will be responsible for providing transportation for approved transfer students.							
5. A trans		tee eligibility to pa				tics at the attending school. Competitive	
6. Please							
Parent / Guardia	n Signature				Date		