



Student Intent to Transfer Certificate

NOTE: This form, or its substantial equivalent, must be completed and a copy maintained at the receiving school for inspection at the request of the OSAA prior to the student's affiliation with the school to which the student is transferring. See Rule 8.6.5, "Transfers to a school with affiliation" outlined on the back of this document.

Name of Student Jenna Mayer Birth Date 4 / 19 / 2000
Month / Day / Year
Name of Parents and Address of Joint Residence Dan Mayer
1374 NE Market Dr.
Fairview OR 97024
School Currently Attending Phonics Pharmacy / Barlow City Gresham
School to Which Transferring Phonics Pharmacy / Reynolds City Troutdale
Intended Transfer Date 8-12-15

CERTIFICATION BY PARENT AND STUDENT

Under penalty of perjury, I affirm that no coach, parent, administrator, teacher or other representative of the current school initiated contact or offered any inducements for the purpose of having the student attend the current school for athletic participation. I also affirm that there has been no prior affiliation with the school to which the said student is transferring.

Parent Signature D Mayer 8-12-15
Date
Student Signature Jenna Mayer 8-12-15
Date

CERTIFICATION BY ADMINISTRATOR OF SCHOOL CURRENTLY ATTENDING

I affirm that I am aware of the above student's intent to transfer and the specifics of that transfer stated above.

Signature [Signature] 8-12-15
Administrator Date

CERTIFICATION BY ADMINISTRATOR OF SCHOOL TO WHICH TRANSFERRING

I affirm that I am aware of the above student's intent to transfer and the specifics of that transfer stated above. I also affirm that there has been no affiliation, as stated in OSAA Rule 8.6.5, prior to the signing of this certificate by all parties above.

Signature [Signature] 8/12/15
Administrator Date

SAM BARLOW HIGH SCHOOL
5105 SE 302ND
GRESHAM, OR, 97080
503-258-4850

08/12/15

Student ID #: MAYER

The Parents or Guardians of MAYER, JENNA, pf
3758 SE 27TH ST
GRESHAM, OR 97080

Welcome Back!!!

Please MAIL the STUDENT INFORMATION FORM, REQUIRED FEES AND PAST DUE FEES to Sam Barlow High School using the enclosed envelope. Elective course fees can be paid after your schedule is received and will be due by September 30, 2015.

The following is a detailed list of PAST DUE amounts due from your student at this time. Please include this amount when mailing in your fees for the upcoming school year. Accounts must be clear prior to purchasing an ASB Sticker, Yearbook and/or Parking Pass. Accounts need to be clear to participate in Athletics or Activities for the 15-16 school year.

Please call me at (503) 258-4848 if you have any questions or you need to make payment arrangements.

Very truly yours,

Kim Simmons - Bookkeeper
SAM BARLOW HIGH SCHOOL

MAYER -- pf MAYER, JENNA

Amount Paying _____

Student is All
Clear
Kim Simmons
Bookkeeper