



Application for Nonresident Student
Admission - Interdistrict Transfer

Office Use Only

Received DEC 29 2014

Student ID# 231843

Transfer requested for school year 14-15

NON-RESIDENT DISTRICT CB

RESIDENT DISTRICT NB

Student's Legal Last Name Perez

Student's Legal First Name Angel

Student's Legal Middle Name _____

Date of Birth 10/31/99

Student Grade Level in 2014-2015 _____

Choose one: ☒ New request

or

☐ Renewal of existing transfer

Mailing Address 670 Tower St

City North Bend

State OR

Zip 97459

Print Parent/Guardian Name(s) (Person(s) in Parental Relationship) Elizabeth Bocanegra

Primary Phone of Parent/Guardian (541) 808 5314

Secondary Phone _____

Has the student been expelled in the last year? NO

Reason: n/a

Reason for the transfer request: He's been in Marshfield since 8th grade

+ we would like to allow him to graduate from MHS

I understand that I am responsible for the transportation of this student if this application is granted. (Initial) EB

A transfer approval does not guarantee enrollment at a specific school within accepting district.

An approved agreement may be revoked by the non-resident district for any of the following reasons:

1. The student shows a pattern of violating school rules and regulations;
2. The student has irregular attendance or chronic tardiness;
3. Any information on the request form is falsified.

I hereby certify that the information I have provided is true and I understand that falsely responding to any of the questions herein will result in denial and/or revocation of this request. I acknowledge that the resident and non-resident districts will exchange student educational records and other educationally relevant information.

Signature of Parent/Guardian [Signature]

Date 12/19/14

(Person in Parental Relationship)

For Office Use Only:

Final Action of Resident District: ☒ Approved ☐ Denied

Reason or Comments: _____

Superintendent/Designee: [Signature]

Date: 1/5/15

Final Action of Non-Resident District: ☒ Approved ☐ Denied

☐ Waitlist

☐ Lottery Number _____

Reason or Comments: _____

Superintendent/Designee: [Signature]

Date: 1/6/15

Grandfathered in for the remainder of high school years.