



INTERDISTRICT TRANSFER REQUEST
ALSEA SCHOOL DISTRICT 7J
301 S. 3rd Street
Alsea, OR 97324

Request for School Year: 2015-2016

(Reference ORS.339.133(6))

Transfer from Resident District Monroe SD

Resident School: Monroe HS

Transfer to Receiving District Alsea SD

Requested School Alsea HS

Parent/Guardian Name(s): Colleen Kentta

Telephone: 541-424-2040

Mailing/Resident Address: 25510 Cemetery Rd

City & State Monroe, OR 97456

NAME OF STUDENT(S)	Date of Birth	Entering Grade	I.E.P. SERVICES/504 Plan
1. <u>Bud Kentta</u>	<u>11/20/98</u>	<u>11</u>	Yes _____ No _____
2. <u>Jordan Kentta</u>	<u>12/2/97</u>	<u>12</u>	Yes _____ No _____

Reason for request (please be as specific as possible – attach a letter if necessary):

Students are considered homeless under the
McKinney-Vento act and are living in foster care.

Conditions: I understand that Alsea School District 7J reserves the right to revoke permission for an interdistrict transfer student to attend ASD7J at any time without prior notice. The approval of an interdistrict transfer does not create any right to attend ASD7J, even for the remainder of a current school year. The Superintendent, or designee, may immediately revoke permission to attend ASD7J for students whose conduct or academic efforts are not satisfactory to the Principal.

- Interdistrict requests must be made annually.
- Student(s) must maintain regular school attendance.
- Student(s) will continue to develop in the school program and adhere to school rules.
- Parent/Guardian will be responsible for transportation to and from school.
- If the above named student(s) is determined to be eligible for Special Education services, the sending & receiving districts will meet to determine placement and funding for said student(s).
- The sending district will release state basic funds to the receiving district for the current school year.

HIGH SCHOOL STUDENTS, please note: Interdistrict transfers can affect eligibility of interscholastic activities that are governed by OSAA. Students and parents should investigate these regulations carefully through the Alsea High Athletic Office/Athletic Director when transferring.

I agree to the above conditions and understand that it is necessary and required for me to assume all responsibility for transportation. I also understand that if it is necessary for my child(ren) to attend the receiving district for next school year, I will submit another request in May.

Signature of Parent/Guardian _____

Date _____

(Please return this form to the Superintendent's Office of you RESIDENT district.)

#1: RESIDENT DISTRICT

☒ Approved

☐ Denied

Signature of Superintendent/Designee _____

Date _____

Reasons for approval/denial:

Title X

#2: RECEIVING DISTRICT

☒ Approved

☐ Denied

Signature of Superintendent/Designee _____

Date _____

Reasons for approval/denial: