

OFFICIAL TRANSCRIPT

STUDENT NAME: Marshall, Riley Preston
2315 15th Ave
Forest Grove, OR 97116
GRADE: 9 BIRTH DATE: 08/17/2001

Valley Catholic School

4275 SW 148th Ave
Beaverton, OR 97007
Main: 503-644-3745
Fax: 503-646-4054

	SEMESTER 1	SEMESTER 2		SEMESTER 1	SEMESTER 2

Student Name: Marshall, Riley Preston

ID: 219232

Grade: 9

Per	Course	Teacher	Qrt1	Qrt2	Exam	Sem1	Crdt	Abs	Trd
1	Global Studies	Berge, Ian	D-				0.500	2	0
2	Spanish I	Goodman, Scott	D				0.500	3	0
3	Algebra I	Grondin, Jeremy	F				0.500	2	0
4	Biology	Lacks, Amy	D+				0.500	2	0
5	Intro to Religion	Waitrovich, Luke	F				0.500	2	0
6	Health I	Tanabe, Aaron	F				0.500	2	0
7	English 9	Sutfin, Ginnie	D				0.500	2	0

Quarter 1 GPA: 0.571

Quarter 2 GPA:

Semester 1 GPA:

Completed VCS Credit Hours: 0.00

Cumulative VCS GPA:

			<p>Graduation Requirements - 24 credits minimum:</p> <p>4 - English 4 - Religion 3.5 - Social Studies 3 - Mathematics 3 - Science 2 - Foreign Language (same) 1 - Fine Arts 1 - Health 1 - P.E. .5 - Computer Science 1 - Electives</p>	<p>A = 4.00 A- = 3.7 B+ = 3.3 B = 3.0 B- = 2.7 C+ = 2.3 C = 2.0 D+ = 1.3 D = 1.0 F = 0.0 P = Passing S = Satisfactory U = Unsatisfactory I = Incomplete WP = Withdraw Pass WF = Withdraw Fail</p>
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Total Units Earned: 0.00
Cumulative GPA:

Withdrawn: 10-10-2015


SIGNATURE

12-9-2015
DATE

Transcript is unofficial without signature and Valley Catholic seal.

**INTER-DISTRICT CONSENT AGREEMENT
FOR ADMISSION OF NON-RESIDENT STUDENT
APPROVAL FOR THE 2015-16 SCHOOL YEAR**

THIS AGREEMENT is made and entered into this **4th day of December 2015**, under the authority of ORS 339.125 and 339.133 between the **Forest Grove School District** (herein referred to as RESIDENT DISTRICT) and the **Gaston School District** (herein referred to as NON-RESIDENT DISTRICT).

WITNESSETH

The parties agree as follows to the terms and conditions listed relating to the admission of the following non-resident student(s):

NAME	ADDRESS	NON-RESIDENT SCHOOL	GRADE
Riley Marshall	2315 15th Avenue Forest Grove, OR 97116	Gaston High School	9

SECTION I – General Provisions:

1. The effective dates of this agreement are from **December 4, 2015** to Graduation.
2. To be effective, this agreement must be signed by the resident district and the nonresident district.
3. This agreement may be renewed for a period beyond the ending date (unless the ending date already specifies high school completion) by consent of the resident and nonresident district at the request of the parent.

SECTION II – The Resident District:

1. Agrees to provide a complete copy of the student's education, special education, health and discipline records to the nonresident district after this agreement has been signed by both districts.
2. Agrees to fully release the student to the nonresident district and make no claims for state or federal education funding for the student. The resident district agrees to turn over any funds received for the student to the nonresident district.
3. Has no responsibility for the provision of transportation services for the student.

SECTION III – The Nonresidential District:

1. Agrees to provide the student with an appropriate public education as well as the same educational rights and services as are provided to its own resident students except as identified in this agreement.
2. Agrees to provide a free appropriate public education (FAPE) in the least restrictive environment (LRE) for students on an individualized education program (IEP).
3. Agrees to be responsible for child find under all state and federal laws.
4. Does not have responsibility for transportation beyond school district boundaries.
5. Will claim the student as a "resident" student for all state and federal funding purposes.
6. Reserves the right to revoke this agreement if the student violates minimum standards of behavior or attendance established by the nonresident district.
7. The nonresident district will immediately notify the parent/guardian(s) or person in parental relationship to the student and resident district if the nonresident district revokes this agreement.

Nothing in this agreement guarantees eligibility to participate in competitive interscholastic activities at the receiving school. Competitive eligibility is determined by Oregon School Activities Association (OSAA) rules. If you have questions about OSAA eligibility, contact the activities or athletic director at the non-resident school.

RESIDENT DISTRICT

By: Yvonne Curtis

Title: Superintendent
Date: December 4, 2015

NON-RESIDENT DISTRICT

By: Susan McKenzie

Title: Superintendent
Date: 12-4-15

Sign and return one copy of this agreement to the Forest Grove School District.

RECEIVED

DEC 04 2015

FOREST GROVE SCHOOL DISTRICT INTER-DISTRICT TRANSFER REQUEST

2015-16 School Year

Return to Kathy Bahnsen FGSD Office, 1728 Main Street, Forest Grove, OR 97116
kbahnsen@fgsd.k12.or.us, Phone: 503-359-2406, Fax: 503-359-2474 BY May 29, 2015

Please complete one form per student and print clearly. Delays in processing may occur if the form is illegible.
*Requests using this form after May 29, 2015, will not be considered.

Students wishing to ATTEND a school in the Forest Grove School District (NOTE: you must also obtain a release from your home district.)

STUDENT INFORMATION:

Student's Legal Name _____

Date of Birth _____

Current (2014-15) Grade _____

Requested School (Optional) _____

2015-16 Grade _____

Is the student currently attending school in the Forest Grove School District on an inter-district transfer? ☐ Yes ☐ No

Is the student currently under expulsion? ☐ Yes ☐ No

If yes, what was the reason? _____

Signature of Parent/Guardian _____

Does the student have a sibling currently attending the Forest Grove School District? ☐ Yes ☐ No

Sibling's Legal Name _____

Current (2014-15) Grade _____

Current School _____

PARENT/GUARDIAN INFORMATION:

Parent/Guardian Name _____

Primary Phone _____

☐ Home ☐ Work ☐ Cell

E-mail address _____

Mailing Address _____

Date _____

Students wishing to be RELEASED from the Forest Grove School District to attend school in a different district

STUDENT INFORMATION:

Riley Marshall
Student's Legal Name

8-17-01
Date of Birth

8th 9th grade
Current (2014-15) Grade 2015-16 Grade

Sara Marshall
Signature of Parent/Guardian

PARENT/GUARDIAN INFORMATION:

Sara Marshall
Parent/Guardian Name

503-888-0129 ☒ Home ☐ Work ☐ Cell

Primary Phone

marshall0517@gmail.com
E-mail address

2315 15th Ave Forest Grove OR 97111
Mailing Address

11-17-15
Date

Only provide release information to the receiving district once your student has been accepted.

FOR DISTRICT USE ONLY

☐ Release granted

Resident District Name or Signature (for resident students being released) _____

Date _____

Currently attending Forest Grove School District ☐ Yes ☐ No Sibling of current transfer student

☐ Yes ☐ No

Lottery Number: _____ (if needed)

Lottery Result: ☐ Selected ☐ Not Selected

Forest Grove Student ID Number _____ ☐ Not currently registered

Term of acceptance: _____