

# Port Orford-Langlois School District

Code: JECB-AR(3)  
Revised/Reviewed:

## Request for Nonresident Student Admission – Interdistrict Transfer (Version 2)

School Year \_\_\_\_\_ **For Office Use Only**  
Student ID# \_\_\_\_\_  
Transfer Requested for School Year \_\_\_\_\_

### Student Information

Legal Last Name \_\_\_\_\_ Legal First Name \_\_\_\_\_ Legal Middle Name \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Date of Birth \_\_\_\_\_ (MM/DD/YY) Current Student Grade Level \_\_\_\_\_  
Primary Phone of Parent/Guardian \_\_\_\_\_ Secondary Phone \_\_\_\_\_  
Email Address \_\_\_\_\_

Parent/Guardian Name (person in parental relationship) \_\_\_\_\_  
Is the student currently under expulsion?  Yes  No  
If yes, what was the reason? \_\_\_\_\_

Is there a sibling of this applicant currently attending in this district?  Yes  No  
If yes, name of sibling and school attending: \_\_\_\_\_

Does the student have a transfer for the current school year?  Yes  No  
Is, or was the student a resident of this district in the current school year?  Yes<sup>1</sup>  No  
If yes, please provide move/moving date \_\_\_\_\_

What is the reason for the transfer request \_\_\_\_\_

Preferred school placement \_\_\_\_\_  
Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

### For Office Use Only

Final Action of Nonresident District:  Approved  Denied  Lottery Number \_\_\_\_\_  
Reason for denial: \_\_\_\_\_

<sup>1</sup> If applicant chooses “yes,” the district must give consent for admission pursuant to ORS 339.127(10).

Signature/Designee \_\_\_\_\_

Date \_\_\_\_\_

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