



**INTER-DISTRICT TRANSFER APPLICATION  
LEBANON COMMUNITY SCHOOL DISTRICT #9  
485 S. 5<sup>TH</sup> ST., LEBANON, OR 97355**

**ORS 339.133(3)  
Policy JECB-AR  
Revised: 9/5/00, 3/26/14**

School Year: \_\_\_\_\_

Transfer From: \_\_\_\_\_ Resident School District \_\_\_\_\_

Transfer To: \_\_\_\_\_ Receiving School District \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Resident Address: \_\_\_\_\_

Telephone: (Work) \_\_\_\_\_ (Home) \_\_\_\_\_ E-mail: \_\_\_\_\_

Name of Student(s)	DOB	GRADE
1.		
2.		
3.		
4.		

Is student(s) currently expelled from any school district? \_\_\_\_\_

Reason for request: \_\_\_\_\_

**Conditions:** I understand the Lebanon Community School District #9 reserves the right to immediately revoke permission for an inter-district transfer student to attend district schools whose attendance or conduct do not meet the criteria set in Board Policy JECB and Administrative Regulation JECB-AR.

- Inter-district transfer requests, once approved remain valid until high school graduation.
- Parent or guardian will be responsible for transportation to and from the school.
- An approved transfer does not guarantee enrollment at a particular school. Students wishing to transfer between district schools must follow in-district transfer procedures.
- The sending district will release state basic funds to the receiving district for the current school year.

**High School Students Please Note:** Inter-district transfers can affect eligibility of interscholastic activities that are governed by the OSAA. Students and parents should investigate these regulations carefully when transferring.

**I agree to the above conditions and understand that it is necessary and required for me to assume all responsibility for transportation.**

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

RESIDENT DISTRICT	RECEIVING DISTRICT
<input type="checkbox"/> Approved <span style="float:right"><input type="checkbox"/> Denied</span> _____ Signature of Superintendent/Designee (Resident District)    Date Reasons for Approval/Denial: _____ _____ Additional Conditions: _____ _____	<input type="checkbox"/> Approved <span style="float:right"><input type="checkbox"/> Denied</span> _____ Signature of Superintendent/Designee (Receiving District)    Date Reasons for Approval/Denial: _____ _____ Additional Conditions: _____ _____

<b>FOR RESIDENT DISTRICT USE ONLY</b>	
Date received at District Office _____	Date sent to receiving district _____