



OLGA COBB, HEIDI LITCHFIELD, SANDRA PRICE, Directors,
Elementary Education
503-399-2632

MATT BIONDI, LARRY RAMIREZ, Directors, Secondary Education
503-399-2636 • FAX: 503-375-7817

2450 Lancaster Dr. NE, Ste. 200 • PO Box 12024 • Salem, Oregon 97309-0024

Christy Perry, Superintendent

INTENT TO RENEW
SALEM-KEIZER SCHOOL DISTRICT 24J NON-RESIDENT TRANSFER
REMAIN IN DISTRICT APPLICATION
PLEASE PRINT

Requested School Year: _____ Today's Date: _____

Requested School: _____

STUDENT INFORMATION:

Legal Last Name: _____ Legal First Name: _____ Legal Middle Initial _____

Address: _____
Street City State Zip

Date of Birth: _____ Current Grade: _____ Grade Next School Year: _____

Is student currently under expulsion Yes No

If yes, why? (attach additional pages if necessary): _____

PARENT/GUARDIAN INFORMATION

Parent/Guardian Name: _____

Address: _____
Street City State Zip

Primary Phone: _____ Email Address: _____

Incoming Students: Once accepted to Salem-Keizer School District, my student will be required to maintain a "C" average, 90% attendance, arrive to class on time and comply with SKSD's policies, procedures, and school rules. This agreement may be revoked at any time by the district for failure to meet any of these requirements.

Parent/Guardian Initials: _____

Parents are reminded that this transfer application, if approved, will allow the student to complete an academic transfer, but does not guarantee 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 building administrator at the receiving school prior to completing this transfer.

Initials: _____

I understand that the parent is responsible for transportation. I further understand that there must be an ongoing positive relationship between the parent/guardian(s) and the school that enhances the probability of success for the transfer student, the other students in the school and the teachers. Requests for transfers will be reviewed by the receiving district annually.

Initials: _____

Signature of Parent/Guardian _____ ***Date:*** _____

Final Action of Receiving District: Approved Denied

Reason for denial: _____

Superintendent/Designee: _____ Date: _____

Please mail, email or drop off the completed form:
Salem-Keizer Public Schools - Attn: Level Office
2450 Lancaster Drive NE #200 • PO Box 12024 • Salem OR 97309-0024
503.399.2632 • hulin_kristin@salkeiz.k12.or.us