

Astoria School District 1C

Code: JECB-AR(2)
Adopted: 8/12/99
Revised/Readopted: 8/14/03; 2/08/17; 11/13/19
Orig. Code(s): JECB-AR

Request for Nonresident Student Admission – Interdistrict Transfer

Transfer requested for School Year _____

For Office Use Only
Student ID# _____

Student Information/Parent Request

Legal Name _____ Birth Date _____ Current Grade _____ Age _____ Gender _____

Parent/Guardian(s) Name(s) _____

Residential Address _____ City _____ State _____ Zip _____

Mailing Address (if different) _____

Email Address _____

Primary Phone of Parent/Guardian _____ Secondary Phone _____

I/We, the parent/guardian(s) of the above student who reside in the _____ School District,
requests a transfer to the _____ School District to attend _____ (name of school)

Has the student been or in the process of being expelled in the last year? **Y N** Reason: _____

I understand that I am responsible for the transportation of this student if this application is granted. (Initial) _____

Is there a sibling of this applicant currently attending in this district? **Y N** Names: _____

Granting the request does not guarantee acceptance to another district, nor to a specific school within the accepting district.

An approved agreement may be revoked by the non-resident district for any of the following reasons:

- 1. The student shows a pattern of violating school rules and regulations;
- 2. The student has irregular attendance or chronic tardiness;
- 3. Any information on the request form is falsified.

I hereby certify that the information I have provided is true and I understand that falsely responding to any of the questions herein will result in denial and/or revocation of this request. I acknowledge that the resident and non-resident districts will exchange student educational records and other educationally relevant information.

Parent/Guardian Printed Name (Person in Parental Relationship) _____

Signature of Parent/Guardian _____ Date _____

For Office Use Only:	
Final Action of Resident District:	<input type="checkbox"/> Approved <input type="checkbox"/> Denied
Reason for denial:	_____
Superintendent/Designee:	_____ Date _____
Final Action of Non-Resident District:	<input type="checkbox"/> Approved <input type="checkbox"/> Denied
Reason for denial:	_____
Superintendent/Designee:	_____ Date _____