Code: JECB-AR (4), (5), (6)
Reviewed: 03/12/26

Ashland School District
School Year _____
Interdistrict Transfer Request

☐ I live in Ashland and want my child to attend:
District: _____

☐ I am moving from Ashland and want my child to stay in an Ashland School. Move date: _____

☐ I live outside Ashland, have an approved transfer from another district, and the form is attached.

Student Legal Last	Middle	First	Birth Date
Parent/Guardian Last	Middle	First	Grade level of year for which you are applying

Mailing Street	Apt. #	City	Zip	Apt. Complex Name

Primary Phone	Email

Is the student currently under expulsion? ☐ Yes ☐ No
If 'YES', what reason? _____
Is there a sibling of this applicant currently attending in this district? ☐ Yes ☐ No
If yes, name of sibling and school attending: _____

☐ I hereby certify the information I have provided is true. I understand that falsely responding to any of the questions herein will result in denial and/or revocation of this application.

☐ *(For incoming transfers only)* -- If my child is admitted, I understand that my **child must maintain 95% attendance or better and positive behavior while enrolled in Ashland Schools**, and that my child's **transfer may be revoked** at any time **if these requirements are not met,** unless a multi-disciplinary team has determined otherwise when applicable. I understand that it is my responsibility to provide transportation to the District for my child. I understand any offer of acceptance is **void after ten (10) business days** without a release from the resident district.

_____ _____
Signature of Parent/Guardian Date

The district will consider, approve, or deny interdistrict transfer requests in accordance with Oregon Department of Education guidelines, applicable statutes, and administrative rules.

If approved, this academic transfer does not constitute eligibility to participate in competitive interscholastic activities in the receiving school. Eligibility is determined by Oregon School Activities Association (OSAA) rules and the Nonresident District's Policy.

Please complete this form online, save it as a PDF, and email it to Student.Services@ashland.k12.or.us with any additional attachments.

For Office Use Only
Ashland District Action: ☐ APPROVED ☐ DENIED ☐ MID YEAR MOVE ☐ SUMMER MOVE

Reason/Comments: _____

Superintendent/Designee _____ Date _____

Any offer of **acceptance is void after ten (10) business days** from the above date unless **release from the resident district** is obtained and this form is returned to Ashland School District Student Services Office.

Student ID#_____