

# Gladstone School District 115

Code: JECB-AR(3)  
Revised/Reviewed: 11/04/15; 2/10/21  
Orig. Code: JECB-AR(3)

## Request for Nonresident Student Admission - Interdistrict Transfer

Current School Year \_\_\_\_\_

Transfer requested for School Year \_\_\_\_\_

**For Office Use Only**

Student ID# \_\_\_\_\_

Student Legal Last Name \_\_\_\_\_

Student Legal First Name \_\_\_\_\_ Middle Name: \_\_\_\_\_

Mailing Address \_\_\_\_\_ Apartment # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_ (MM/DD/YY) Student Grade Level in \_\_\_\_\_

Parent/Guardian Name (Person in Parental Relationship) \_\_\_\_\_

Primary Phone of Parent/Guardian \_\_\_\_\_ Secondary Phone \_\_\_\_\_

Parent/Guardian E-mail Address \_\_\_\_\_

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 current school year?  Yes  No

Has the student attended a public charter school in the district for three consecutive years; finished the highest grade possible in that school; and has not attended another school outside the district since completing that highest grade?  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: \_\_\_\_\_

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

**For Office Use Only:**

Final Action of Nonresident District:  Approved  Denied  Lottery number \_\_\_\_\_

Reason for denial: \_\_\_\_\_

Superintendent/Designee: \_\_\_\_\_ Date \_\_\_\_\_

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