BLACK BUTTE SCHOOL DISTRICT

Parent/Guardian Signature

P.O. Box 150 Camp Sherman, Oregon 97730 Phone (541) 595-6203 www.blackbutte.k12.or.us

INTER-DISTRICT TRANSFER REQUEST FORM

SCHOOL YEAR: 2022-2023

Date

(Request for a student residing in the Black Butte School District attendance area to attend school in another school district)

PERSONAL INFORMATION								
STUDENT NAME:				GENDER:		DOB:		GRADE IN 2022-2023:
PHYSICAL ADDRE	SS:		·	MAILING ADDRESS:				
PARENT/GUARDIA	N NAME:							
HOME PH: WORK PH:				FAX:		E-MAIL		
SCHOOL DISTRICT YOU WOULD LIKE YOUR CHILD TO ATTEND								
Sisters □	Pod	Imond 🗆	Bend □	l oo wo	OLD LIKE TOO	OK CITED IX	ATTEND	Other □
School (1st Choice			Della 🗆		School (2nd	Choicel:		Other □
School (1 st Choice): School (2 nd Choice):								
REASON FOR TRANSFER								
				E	XPLUSION			
Is the student currently on an expulsion? Yes □ No □								
, i								
Please Explain (if on current expulsion):								
Procedure to be fo	llowed:							
 All transfer r Once approprocessing. Parents/gua A transfer de 	requests su ved by the l Approval o urdians will b oes not gua	of request is subjected be responsible for	ocessed on a ca ol District, the tr ect to the receivi r providing trans	ase-by-c ansfer re ing distri sportation	ase basis. equest will be f ct's policies reg n for approved	forwarded to garding tran transfer stu	sfers. dents.	g school district for final review and the attending school. Competitive