



**Kathleen Rodden-Nord, Ph.D.**  
SUPERINTENDENT

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**2017-2018**  
**Out-of-District Student Transfer Application**  
FOR STUDENTS WHO DO NOT LIVE IN JUNCTION CITY SD

*This application is for students who live outside of Junction City School District and want to attend a Junction City school. If you live in Junction City and want to attend school in another district, please contact that district.*

**APPLICATIONS ARE ACCEPTED ON A FIRST-COME, FIRST-SERVED BASIS BEGINNING JUNE 27<sup>TH</sup>**

Paper forms must be returned to the Junction City School District Office, 325 Maple Street, Junction City.

**STUDENT INFORMATION**

*Please complete a separate form for each child.*

Student's First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Grade Entering Fall 2017 \_\_\_\_\_  Male  Female

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Is the student currently under expulsion?  Yes  No If yes, what was the reason? \_\_\_\_\_

Is there a sibling currently attending in the District?  Yes  No Name of sibling and school attending: \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION**

Parent/Guardian (1): First Name: \_\_\_\_\_ Last Name \_\_\_\_\_

Phone (Home) \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_

**REQUESTED SCHOOL**

Please check which school you are requesting. For elementary schools, please check whether 1<sup>st</sup> or 2<sup>nd</sup> choice.

Laurel Elementary School  1<sup>st</sup> Choice  2<sup>nd</sup> Choice  Territorial Elementary School  1<sup>st</sup> Choice  2<sup>nd</sup> Choice

Oaklea Middle School  Junction City High School

**ADDITIONAL INFORMATION (VOLUNTARY)**

Yes  No Does the student currently receive special education (IEP) services, or is the student on a Section 504 plan?

Yes  No If the student is a pre-school student, does he or she receive pre-school special education services (IFSP)?

**PARENT/GUARDIAN SIGNATURE**

*If my child is admitted, I hereby authorize the release of the student educational records to the Junction City School District and certify that I am the parent or guardian in legal custody of the student. I understand the inter-district transfer may be revoked if the student violates school and / or district rules and regulations, has irregular attendance or chronic tardiness, or if the information on this form is falsified.*

Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

<b>#1: Resident District</b> <input type="checkbox"/> Approved <input type="checkbox"/> Denied _____ <i>Superintendent's or Designee's Signature</i> <i>Date</i> Reasons: _____ _____		<b>#2: Receiving or Host District</b> <input type="checkbox"/> Approved <input type="checkbox"/> Denied _____ <i>Superintendent's or Designee's Signature</i> <i>Date</i> Reasons: _____ _____	
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