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SUPERINTENDENT

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<http://www.junctioncity.k12.or.us>

2018-2019

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 8:00 A.M. ON JULY 9TH

Forms must be returned to the Junction City School District Office, 325 Maple Street, or by fax: 541-998-3926, or email: swhite@junctioncity.k12.or.us

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 1st or 2nd choice.

Laurel Elementary School 1st Choice 2nd Choice Territorial Elementary School 1st Choice 2nd 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 _____

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