

INTER-DISTRICT MUTUAL AGREEMENT FOR NON-RESIDENT ENROLLMENT

NEW REQUEST RENEWAL REQUEST SCHOOL YEAR: _____

For Office Use Only Student ID # _____
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RESIDENT SCHOOL DISTRICT _____ CURRENT SCHOOL _____
 NON RESIDENT SCHOOL DISTRICT _____ REQUESTED SCHOOL _____

Male Female Date of Birth _____ Enrolled Grade _____

Legal Last Name _____ Legal First Name _____ Middle Name _____

Street Address _____

Apartment Complex _____ Apartment # _____

City _____ State _____ Zip Code _____

Parent/Guardian Name _____

Home Phone _____ Work Phone _____ Cell Phone _____

Parent/Guardian Name _____

Home Phone _____ Work Phone _____ Cell Phone _____

Email Address _____

Reason for request (explain in detail). If more space is needed, please attach additional sheets to this form:

Has the student been suspended? Yes No For What Reason? _____
 When? _____

Has the student been expelled? Yes No For What Reason? _____
 When? _____

Is the expulsion still in force? Yes No

Is the student involved in Oregon School Activities Association (OSAA) activities? Yes No

By signing this Agreement, I agree to the conditions set forth in the paragraph below and the attached Terms and Conditions. I hereby certify that the information I have provided is true and I understand that falsely responding to any of the questions herein will result in denial and/or revocation of this request. I acknowledge that the Resident and Non-Resident District will exchange student educational records and other educationally relevant information. I understand that if my child is eligible for special education services a meeting to review the special services with the Non-Resident District and/or an IEP team meeting with the Non-Resident District may be scheduled. I also understand that transportation will be the responsibility of the parent/guardian unless otherwise specified in the Terms and Conditions. I agree that a change in circumstances can result in a review of this agreement and that the Non-Resident District may revoke this agreement at any time and for any reason deemed sufficient. I also agree to all of the Terms and Conditions on pages 2 and 3 of the Agreement. This agreement does not provide for student eligibility to participate in interscholastic activities. Regarding student participation in Oregon School Activities Association activities, parents should contact OSAA at (503) 682-6722 for additional information regarding eligibility.

Signature of Parent/Guardian _____ Date _____

Final District Action Regarding Inter-District Mutual Agreement for Non-Resident Enrollment			
Final Action of Resident District	Approve Agreement	<input type="checkbox"/>	Denied <input type="checkbox"/>
Reason for denial/comments: _____			
Superintendent _____		Date _____	
Final Action of Non-Resident District	Approve Agreement	<input type="checkbox"/>	Denied <input type="checkbox"/>
Reason for denial/comments: _____			
Superintendent _____		Date _____	
Starting Date: _____			