



**Crook County School District**

Where Students Dream, Learn, & Succeed

**Request for In-District Student Transfer**

**PLEASE PRINT:**

Date: \_\_\_\_\_ School Year **2023-24** Grade for Requested Year \_\_\_\_\_

Student's Name: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Current Boundary School: \_\_\_\_\_

Out-of-Boundary School Requested: \_\_\_\_\_

Does this student require special services: Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what kind? \_\_\_\_\_

Reason for Request: (fill in reason here or attach letter)

\_\_\_\_\_  
\_\_\_\_\_

Parent Signature: \_\_\_\_\_

\_\_\_\_\_

*Crook County School Board Policy, JECC, which governs such transfer requests, indicates that, "all transfers are subject to annual review and renewal at the discretion of the district." As a result, due to potential enrollment increases, we may not be able to accommodate such a transfer request. The same policy also indicates that, "the parent will be responsible for providing transportation for his/her student changing attendance areas."*

**Building Administrator Decision:**

Approved \_\_\_\_\_ Not Approved \_\_\_\_\_ Reason if not approved: \_\_\_\_\_  
(boundary school) (boundary school)

Approved \_\_\_\_\_ Not Approved \_\_\_\_\_ Reason if not approved: \_\_\_\_\_  
(out-of-boundary school) (out-of-boundary school)

**District Office Approval:**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approval Letter Sent: \_\_\_\_\_

**Return Form To: Heather Hixson (Phone number for questions: 541-416-9963)**

By E-Mail: [tammie.parker@crookcountyschools.org](mailto:tammie.parker@crookcountyschools.org)

By Fax: Tammie Parker @ 541-447-3645

By Mail: Tammie Parker  
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