



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: Tammie Parker (Phone number for questions: 541-416-9963)

By E-Mail: tammie.parker@crookcountyschools.org
By Fax: Tammie Parker 541-447-3645
By Mail: Tammie Parker
Crook County School District
471 NE Ochoco Plaza Dr.
Prineville, OR 97754