

**Klamath County
School District**

Code: **JECBB-AR(2)**
Revised/Reviewed: 2/20/14; 11/20/14; 2/19/16;
2/15/18; 2/26/19; 2/18/20;
2/18/21; 2/17/22; 2/23/23,2/15/24
Orig. Code(s): FORM C

**Request for Resident Student Admission - Intradistrict
County to County School Transfer**
(PLEASE CLEARLY PRINT)

School Year: 2024-2025

Resident School: _____ Requested School: _____

Student Legal Last Name: _____

Student Legal First Name: _____

Student Legal Middle Name: _____

Student Date of Birth: _____

Grade Level in 2023-2024: _____

Grade Level for 2024-2025: _____

Street Address: _____

Mailing Address (If different from street address above): _____

City: _____ State: _____ Zip: _____

Parent/Guardian Email Address: _____

Primary Phone of Parent/Guardian: _____ Secondary Phone: _____

Parent/Guardian Name (Person in Parental Relationship): _____

- My child is already in attendance at the requested school. I am seeking permission of my child to remain at this school.
- Yes, my child currently has a sibling attending a school within the Klamath County School District. Please include the
Name of student and school attending: _____

No, my child does not have a sibling attending a school within the Klamath County School District.

Is the student currently under expulsion? Yes No

If yes, what was the reason? _____

Is the student currently on an IEP? Yes No

Is the student currently being evaluated for eligibility for special education: Yes No

I hereby certify 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 application. I certify that I am the parent or guardian in legal custody of the student.

Signature of Parent/Guardian: _____ Date: _____

Note: If your student is currently or planning to participate in an OSAA sanctioned activity/sport it is strongly recommended that you contact the Administrator/Athletic Director at the school you are requesting to attend to determine if the student will be eligible to participate.

For Office Use Only:

Final Action of District: Approved Denied Wait List Lottery Number

Reason or comments:

Klamath County School District Transfer Officer: _____ Date: _____