## **Klamath County School District**

Code: JECB-AR(2)

Revised/Reviewed: 2/20/14; 8/20/15; 2/19/16;

2/15/18; 2/26/19; 1/13/20; 2/18/21; 2/17/22; 2/23/23;

2/15/24

Orig. Code: JECB-AR(2); FORM A

## Request for Nonresident Student Admission - Interdistrict Transfer with Consent of Both Affected Districts

(KCSD/Resident Interdistrict Transfer)

School Y	<b>Year:</b> 2025-2026			
Resident School/District:		Requested School:	Requested School:	
Student L	Legal Last Name:			
Student L	Legal First Name:			
Student L	Legal Middle Name:			
Student Date of Birth:		Grade Level in2024-2025 : _	Grade Level in2024-2025 :	
Mailing A	Address:	Grade Level for2025-2026 _		
			Zip:	
Parent/G	uardian Email Address:			
Primary I	Phone of Parent/Guardian:	Secondary Phone:		
Parent/G	uardian Name (Person in Parental Relatio	nship):		
□ Yes	My child currently has a sibling atte	nding a school within the Klamath County	School District? Please include the	
	Name of student and school attend	ding:		
□ No	My child does not have a sibling atto	ending a school within the Klamath County	School District.	
Is the stud	dent currently under expulsion or in expuyes, what was the reason?	lsion proceedings? □ Yes □ No		
Ez	xpelled from which district/school:			
		true and I understand that falsely respondin cation. I certify that I am the parent or guard		
Signature of Parent/Guardian:		Da	te:	

<u>Note:</u> 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 determine if the student will be eligible to participate.

For Office Use Only:				
Nonresident District: Dat	te:			
Final Action of District:   Approved Denied Wait List Lottery Number				
Reason or comments:	Resident District: Date:			
Final Action of District:   Approved Denied Reason or comments:	□ Wait List □ Lottery Number			