



Cascade School District #5
REQUEST FOR NON-RESIDENT STUDENT ADMISSION –
INTERDISTRICT TRANSFER APPLICATION

10226 Marion Rd SE, Turner OR 97392
 Phone: 503-749-8010 ext 1801
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School Year: _____

Today's Date: _____

Requested School: _____

STUDENT INFORMATION

Legal Last Name:		Legal First Name:		Legal Middle Name:	
Street Address:			City:	State:	Zip:
Mailing Address:			City:	State:	Zip:
Date of Birth:			Grade:		
Is the student currently under expulsion? <input type="checkbox"/> Yes <input type="checkbox"/> No			If Yes, why?		
Is there a sibling of this applicant currently attending in this district? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, name of sibling and school attending:					

PARENT/GUARDIAN INFORMATION

Parent/Guardian Name:	
Primary Phone:	Secondary Phone:
Parent/Guardian Email:	

Incoming Students: Once accepted to Cascade my student will be required to maintain 95% attendance, arrive to class on time and follow the student code of conduct. This agreement may be revoked at any time by the district for failure to meet any of these requirements.

Parent/Guardian initials: _____

Students are expected to follow the receiving district's policies, procedures and school rules. Please note: Competitive sports and activities eligibility at the receiving school is determined by Oregon School Activities Association (OSAA) rules. If you have questions about OSAA eligibility, contact the athletic director at the receiving school prior to completing this transfer.

I understand that the parent is responsible for transportation. I further understand that there must be an ongoing positive relationship between the parent/guardian(s) and the school that enhances the probability of success for the transfer student, the other students in the school and the teachers. Requests for transfers will be reviewed by both districts annually. Granting the request does not guarantee acceptance to another district.

Signature of Parent/Guardian: _____

Date: _____

For Cascade Use Only:

Final Action: Approved Denied

Wait List Lottery # _____

Copy to school:

Superintendent/Designee: _____

Date: _____

Final Action of Receiving District: Approved Denied

Superintendent/Designee: _____

Date: _____