

Gervais School District 1

Code: JECB-AR

Revised/Reviewed: 1/21/16; 12/17/20 Orig. Code: JECB-AR (4) 290 First Street P.O. Box 100

Gervais, Oregon 97026-0100

Phone: (503) 792-3803 FAX: (503) 792-3809 www.gervais.k12.or.us

Within our growing, diverse community, we sow the seeds of opportunities to raise prepared, resilient students.

Request for Nonresident Student Admission – Interdistrict Transfer

Current School Year	For Office Use Only
Transfer requested for School Year	Student ID#
Preferred School placement	
Student Information	
Legal Last NameLegal First Name	Legal Middle Name
Physical Address	
Mailing Address_	Apartment #
CityState	Zip
Date of Birth(MM/DD/YY) Student Grad	de Level in current year
Primary Phone of Parent/GuardianSecon	ndary Phone
E-mail Address	
Parent/Guardian Name (Person in Parental Relationship)	
Is the student currently under expulsion? Yes No If yes, what was the reason?	
Is there a sibling of this applicant currently attending in this district? \Box Yes \Box No If yes, name of sibling and school attending:	
Does the student have a transfer for the current school year? □ Yes □ No	
Has the student attended a public charter school in the district for three consecutive years; finished the highest grade possible in that school; and has not attended another school outside the district since completing that highest grade? \Box Yes \Box No	
Is, or was the student a resident of this district in the current school year? Yes¹ No If yes, please provide move/moving date:	
Signature of Parent/Guardian	
For Gervais School District Use Only: Final Action: Approved Denied Lottery number Reason for denial:	
Superintendent/Designee:	Date
Final Action of Nonresident District: Approved Denied Lottery number Reason for denial:	
Superintendent/Designee:	Date

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¹If applicant chooses "Yes," the district must give consent for admission pursuant to ORS 339.127(10).