

**OREGON TRAIL SCHOOL DISTRICT 46
P.O. BOX 547 - SANDY, OREGON 97055-0541 (503) 668-5541**

REQUEST FOR CHANGE OF SCHOOL ASSIGNMENT

| | | |
|----------------------------|------------------|------------------|
| Name of Parent | Telephone (Home) | Telephone (Work) |
| Address | City | Zip |
| Names of Enrolled Students | Grade | Assigned School |
| 1. _____ | _____ | _____ |
| 2. _____ | _____ | _____ |
| 3. _____ | _____ | _____ |
| 4. _____ | _____ | _____ |

I/We hereby request that our student(s) be permitted to enroll in _____ Receiving School
for the school year 20____-20____, instead of _____ Sending School

I/We understand that approval of this request, for this year only, is contingent upon:

1. The receiving school having adequate classroom space, resources, personnel and appropriate programs to allow the change;
2. A positive review of the student's educational records; and
3. The parent/guardian agreeing to accept full responsibility for the student's transportation.

Please state reasons for this request:

Reviewed by:

| | | |
|---------------------|----------------|---------------|
| Sending Principal | Recommendation | One Year Only |
| Receiving Principal | Recommendation | One Year Only |

Reviewed by:

| | | |
|-----------------------------------|----------------|------|
| Director of Teaching and Learning | Recommendation | Date |
|-----------------------------------|----------------|------|