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Cascade School District #5
INTRA-DISTRICT STUDENT TRANSFER REQUEST
 (resident students request alternate elementary within CSD)

Resident Elementary: _____ Today's Date: _____

Requested Elementary: _____ School Year Requested: _____

Student: _____ Grade: _____
Legal First Name - Legal Last Name year requested

Student: _____ Grade: _____
Legal First Name - Legal Last Name year requested

Student: _____ Grade: _____
Legal First Name - Legal Last Name year requested

Reason for request (if you need additional space, use back or attach a page): _____

PARENT/GUARDIAN INFORMATION

Name: _____ Email: _____

Address: _____
Street Apt # or PO Box City Zip

Primary Phone: _____ Secondary Phone: _____

ADMISSION AGREEMENT TERMS & CONDITIONS – *The district may revoke this agreement at any time for failure to meet the following requirements.*

- _____ Initial Students are expected to follow Cascade School District's policies, procedures code of conduct and school rules.
- _____ Initial Students will be required to maintain 95% attendance (or better) with no unexcused absences. Students must arrive to class on time with no tardies for 95% of the school days.
- _____ Initial Must comply with school-wide behavior guidelines - no more than two (2) referrals or any infraction that may result in suspension/expulsion.
- _____ Initial I understand that the parent is responsible for transportation. In the event of an emergency school closure, my student(s) will need to go to an address within the school boundaries. I am responsible for providing this information to the school office upon enrollment.
- _____ Initial 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.

Signature of Parent/Guardian: _____ Date: _____

For Cascade Use Only: Approved Wait List # _____ Resident Release: _____

Superintendent/Designee: _____ Date: _____