

2023 - 2024 MID-SCHOOL YEAR MOVE OUT OF BEAVERTON SCHOOL DISTRICT BOUNDARY

(for internal use only)

st FOR MOVES OUT OF THE BEAVERTON SCHOOL DISTRICT BOUNDARY st

GUIDELINES FOR A MID-SCHOOL YEAR MOVE (out of the Beaverton School District boundary)

This Mid-School Year Student Move form is available for students who move out of the Beaverton School District boundary:

- **During the school year.** Forms should be returned to the school where the student is currently attending. Students may stay at their school until the end of the school year.
- During the summer and after attending a Beaverton school. Forms should be returned to the school where the student was attending prior to the summertime move. Students may stay at their school until the end of the 2023-2024 school year.
- Parent/Guardian is responsible for arranging timely transportation for the student to and from school.
- At the end of the school year, the student will need to register at their new resident school district.

This Mid-School Year Student Move form was designed for, and is used for, students who move **out** the Beaverton School District during the school year or summertime. The Mid-School Year Move form is not applicable for students who move out of the State of Oregon.

If a student wishes to stay at their current school for the 2024-2025 school year, they will be required to apply for an Inter-District Transfer during the designated window and must meet the hardship requirements of that process. There are no guarantees for student placement. **Contact your student's school if you have questions.**

Please complete one form per student: (plea	ase print)			
Student's Legal Name (first / middle / last)	Date of Birth	(MM/DD/YYYY)	2023-2024 Grade	
School student is attending during the 2023-2	024 school year and wishes to complete	e the year at:		
For summer moves, school student attended	in 2022-2023 and wishes to attend in 20	23-2024:		
NEW ADDRESS (address/ city / state / zip)		Date of Move (MM/DD/YYYY)		
Is the student currently under expulsion?	Yes □ No Reason:		· · · · · · · · · · · · · · · · · · ·	
Is there a sibling(s) currently attending the Be	averton School District living at the same	e address listed above?	□ Yes □ No	
Sibling's Legal Name (first / middle / last)	Name of Sch	ool	2023-2024 Grade	
PARENT / GUARDIAN – Please read and s	sign below:			
I hereby certify that the information provided a herein may result in denial and/or revocation of expectations: 1) attendance of 92% or greater five days; and 3) no expulsions. I understand to and from school.	of this request. I understand the terms of r; 2) no more than one suspension per a	f a mid-school year move cademic year; no susper	e include the following nsion of, or greater than,	
By typing my name in the box below, I agree t District may reasonably rely on the authenticit submit this request on behalf of my student.				
Parent / Guardian Name (first / last)	Cell Phone	Work Pho	ne	
Mailing Address:				
Email Address:		Date:		
For School Use Only:				
Date Approved for 2023-2024:	Student ID:	Add to Synergy Documents Tab □		
Revoked Date	Reason Revoked:			