



TRANSFER CERTIFICATE
(This is for a transfer between High Schools)
(Not for 8th grade to 9th grade promotion)

Please fill-out, scan and email.

PRINT form, SIGN, and SUBMIT (scan and email or postal mail) to:

executivedirector@oisra.org 21110 Ann Margaret Dr. Bend, OR 97701

Name of School _____ City _____

Name of Student _____ Birth Date _____

Date of first enrollment in high school _____

Date of enrollment this year _____

School transferred from _____ Dates attended _____

of semesters in HS _____ # of HS credits earned _____

Name 5 credit courses passed last semester _____

Date and duration of attendance last semester _____

Name/address of parent or guardian

If guardianship, indicate date of court record _____

CERTIFICATION BY SUPERINTENDENT, PRINCIPAL, OR ATHLETIC DIRECTOR

I certify that I have investigated the data herein contained and to the best of my knowledge and belief it is correct.

Signature: Superintendent, Principal, or Athletic Director

Date