



**TRANSFER CERTIFICATE**  
**(This is for a transfer between High Schools)**  
**(Not for 8<sup>th</sup> grade to 9<sup>th</sup> grade promotion)**

Type in the shaded boxes below.  
Signature line is not fillable, and electronic signatures are not accepted on this form.  
PRINT completed form, SIGN completed form, and SUBMIT signed form.  
[executivedirector@OISRA.org](mailto: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