



TRANSFER CERTIFICATE
(This is for a transfer between High Schools)
(Not for 8th grade to 9th 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.
Fax 541-225-5742 Email Registration@OISRA.org

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 _____