
Submission Instructions and Information:

Interdistrict transfers are for resident students who wish to be released from BSD to attend a school in another school district or for non-resident students who wish to attend a school in BSD.

1. Please submit one form per student with a letter of hardship to interdistricttransfer@beaverton.k12.or.us, fax to 503-356-4438, or mail to the Beaverton School District, Attention: Interdistrict Transfers, 1260 NW Waterhouse Ave., Beaverton, OR 97006.
2. Please follow [this link](#) for a list of schools that have openings that do not require a hardship. Note, the boundary district must release the student first. Submission does not guarantee enrollment.
3. Interdistrict Transfer requests for schools / grades not listed as having openings must be accompanied by a letter of hardship. Submission does not guarantee enrollment.
4. Requests may be submitted at any time as they are reviewed throughout the school year. A hardship is defined in [OAR 581-021-0019 \(1\) \(c\)](#). When considering an Interdistrict Transfer hardship request, the Beaverton School District will use the following criteria:
 - Capacity at the receiving school
 - Hardship defined as the student:
 - The student is impacted by a parent or guardian's military deployment;
 - The student is experiencing instability related to homelessness or foster care placement;
 - The student has a documented medical condition that necessitates a transfer;
 - The student is impacted by the death of a parent;
 - The student does not have access to safe and affordable childcare in the resident district; or
 - The student is involved in a documented case of severe harassment, intimidation, bullying or cyberbullying.

A hardship is NOT a preference for an academic program or activities offered at another school.

5. Continued enrollment on an Interdistrict Transfer is contingent upon meeting the following behavior and attendance expectations:
 - Attendance of 92% or greater;
 - No more than one suspension per academic year; no suspension of, or greater than, five days;
 - No expulsions;
 - Timely transportation is the responsibility of the family. The district does not provide transportation.

Interdistrict Transfers will be revoked if these expectations are not met.

6. Interdistrict Transfers are granted through grade 12 unless otherwise noted.
7. **School placement for students on approved interdistrict transfers, who are transitioning to middle and high school will be placed by district office personnel based on capacity. There are no appeals, decisions are final.**
8. High School Only: OSAA Position Statement – See OSAA website for official statement regarding participation in athletics for transfer students: <http://www.osaa.org/parents-students>.
9. Other terms may be included in the acceptance letter.

RESIDENT STUDENTS: If you are requesting to be **RELEASED** from the Beaverton School District, please complete this section.
Transfer paperwork must be completed at the resident and non-resident school district.

Student's Legal Name (first / middle / last) _____
Date of Birth (month / day / year) _____
2025-26 Grade

School District / School requesting

Does the student have a sibling (s) currently attending the requested school district? Yes No

NON-RESIDENT STUDENTS: If you are requesting to **ATTEND** a school in the Beaverton School District, please complete this section.
Transfer paperwork must be completed at the resident and non-resident school district. Please contact your resident district and obtain approval for release before submitting your application.

Legal Name (first / middle / last) _____
Date of Birth (month / day / year) _____
2025-26 Grade

What is your Resident School District and School? Is your student currently under expulsion Yes No

Requested School Reason for Expulsion _____

Does the student have a sibling (s) currently attending the requested school district? Yes No

Sibling's Legal Name _____
Current School _____
2025-26 Grade

Please choose the hardship that applies, complete the explanation of hardship on the next page, and include supporting documentation. Processing will be delayed if the hardship information is incomplete or if documentation is not submitted.

- 1. The student is impacted by the parent or guardian's military deployment;
- 2. The student is experiencing instability related to homelessness or foster care placement;
- 3. The student has a documented medical condition that necessitates a transfer;
- 4. Death of a student's parent;
- 5. The student does not have access to safe and affordable childcare in the resident district; or
- 6. The student is involved in a documented case of severe harassment, intimidation, bullying or cyberbullying.

If you are applying for an [open slot](#) within the Beaverton School District as advertised on the website under the interdistrict transfer tab, you may skip the hardship explanation. Please contact your resident district and obtain approval for release before submitting your application.

Notification of acceptance or denial of the interdistrict transfer request will be communicated through the email address provided at the end of this application.

Hardship

PARENT / GUARDIAN: Please read and sign below.

I hereby certify that the information provided is true and correct. I understand that falsely responding to any of the questions herein may result in denial and / or revocation of the request. I understand the terms and expectations outlined in this document for interdistrict transfers into and out of BSD. I acknowledge that the resident and non-resident districts will exchange student educational records and other education-related information about my student.

By typing my name in the box below, I agree that this represents my signature for the purpose of submitting this form to BSD. BSD may reasonably rely on the authenticity of my typed signature as a true and correct representation of my authority to sign and submit this request on behalf of my student.

Parent / Guardian Name (first name / last name) Date Primary / Cell phone

Mailing address Email address

FOR DISTRICT USE ONLY					
Student ID Number: _____	Date _____	<input type="checkbox"/> Open Slot	<input type="checkbox"/> Hardship	Approved _____	Denied _____