

GASTON SCHOOL DISTRICT INTER-DISTRICT TRANSFER REQUEST

2026-27 School Year

Return to Carolyn Lowery—300 Park St. Gaston, OR 97119
loweryc@gastonk12.org, Phone: 503-985-0210, Fax: 503-985-3366

Please complete one form per student and print clearly. Delays in processing may occur if the form is illegible.
*Requests using this form after May 15, 2026 may not be considered.

Students wishing to **ATTEND** Gaston School District (*NOTE: you must also obtain a release from your home district.*)

STUDENT INFORMATION:

Student's Legal Name (printed) _____

Parent/Guardian Name (printed) _____

Date of Birth _____

Primary Phone _____

Home Work Cell

Requested School (Optional) _____ 2026-27 Grade _____

Resident address _____

Is the student currently attending school in the Gaston School District on an inter-district transfer? Yes No

Mailing address (if different) _____

Is the student currently under expulsion? Yes No

If yes, what was the reason? _____

Email address _____

Does the student have a sibling currently attending the Gaston School District? Yes No

Signature of Parent/Guardian _____

Date _____

Sibling's Legal Name _____ Current Grade _____

PARENT/GUARDIAN INFORMATION:

Students wishing to be **RELEASED** from the Gaston School District to attend school in a different district

STUDENT INFORMATION:

PARENT/GUARDIAN INFORMATION:

Student's Legal Name _____

Parent/Guardian Name (printed) _____

Date of Birth _____

Primary Phone _____

Home Work Cell

Current (2025-26) Grade _____ 2026-27 Grade _____

E-mail address _____

Resident address _____

Mailing Address (if different) _____

Signature of Parent/Guardian _____

Date _____

Only provide release information to the receiving district once your student has been accepted.

FOR DISTRICT USE ONLY

Release granted _____

Resident District Name or Signature (for resident students being released) _____

Date _____

Currently attending Gaston School District Yes No

Sibling of current transfer student Yes No

Gaston Student ID Number _____ Not currently registered

Term of acceptance: _____

SUBMISSION INSTRUCTIONS

Please fill out either the top or middle portion of this form depending on whether you are requesting to attend or be released from Gaston School District.

Return this form to:

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Gaston School District
300 Park St.
Gaston, OR 97119
Phone—503.985.0210
Fax—503.985.3366
loweryc@gastonk12.org

DEADLINE FOR SUBMISSION

Requests must be received by May 15, 2026

TERMS OF ACCEPTANCE

** The accepting district shall determine the length of the transfer. Other terms will be written in the acceptance letter and shall be applied consistently to all similarly situated students such that they do not have the effect of discriminating against a class of persons.*

OSAA POSITION STATEMENT—High School Participants

See OSAA website for official statement regarding participation in athletics by transfer students or contact the High School Athletic Director for clarification.

DISTRICT CONTACT INFORMATION

Banks School District

450 S. Main Street
Banks, OR 97106
Phone: 503-324-8591
Fax: 503-324-6969
Website: www.banks.k12.or.us

Beaverton School District

16550 SW Merlo Road
Beaverton, OR 97006
Phone: 503-591-8000
Fax: 503-591-4415
Hotline: 503-591-4325
Email: interdistricttransfer@beaverton.k12.or.us
Website: www.beaverton.k12.or.us

Forest Grove School District

1728 Main Street
Forest Grove, OR 97116
Phone: 503-357-6171
Fax: 503-359-2474
Website: www.fgsd.k12.or.us

Gaston School District

300 Park Street "A"
Gaston, OR 97119
Phone: 503-985-0210
Fax: 503-985-3366
Website: www.gaston.k12.or.us

Hillsboro School District

3083 NE 49th Place, #201
Hillsboro, OR 97124
Phone: 503-844-1500
Fax: 503-844-1557
Website: www.hsd.k12.or.us

Sherwood School District

23295 SW Main Street
Sherwood, OR 97140
Phone: 503-825-5000
Fax: 503-825-5001
Website: www.sherwood.k12.or.us

Tigard-Tualatin School District

6960 SW Sandburg Street
Tigard, OR 97223
Phone: 503-431-4000
Fax: 503-431-4047
Website: www.ttsd.k12.or.us