



Dayton School District Use Only

2026-2027 School Year

Student Information		
Students Legal Name (Last, First Middle):	Date of Birth: / /	
Student's Physical Address:		
Student's Mailing Address:		
Resident District/School:	Grade level 2026-2027 School Year:	
Is the student currently expelled or facing expulsion? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what was the reason?		
Does the student have a sibling currently attending Dayton on a transfer: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name of sibling:	Is the student currently attending Dayton School district? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Parent / Guardian Information		
Parent / Guardian Name:	Parent / Guardian Name:	
Resides with student: <input type="checkbox"/> Yes <input type="checkbox"/> No	Resides with student: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Primary Phone:	Primary Phone:	
Email:	Email:	
Dayton School District Policy		
1. Completed transfer forms must be on file for every student. 2. Requests are reviewed by the district annually. 3. The attending / receiving district will claim the State School Fund monies for the student.		
By Signing below, you understand that you assume all responsibility for transportation and this agreement may be revoked at any time for failure to abide by school rules or irregular attendance. You are authorizing the release and exchange of confidential information regarding the student named on this form. You certify that the information provided is true and understand that falsely responding to any of the questions herein will result in denial and/or revocation of this request.		
Parents are reminded that this transfer application, if approved, will allow the student to complete an academic transfer, but does not guarantee eligibility to participate in competitive interscholastic activities at the receiving school. Competitive eligibility is determined by Oregon School Activities Association (OSAA) rules. If you have questions about OSAA eligibility, contract the building administrator at the receiving school prior to completing this transfer.		
_____ Parent/ Guardian (Print Name)	_____ Parent / Guardian (Signature)	_____ Date
For Office Use Only:		
<p style="text-align: center;"><i>Final Action of Dayton School District</i></p> <input type="checkbox"/> Approved <input type="checkbox"/> Denied: _____	<p style="text-align: center;"><i>Final Action of Resident School District</i></p> <input type="checkbox"/> Approved <input type="checkbox"/> Denied: _____	
_____ Dayton School District Superintendent Signature	_____ Resident Designee Signature	_____ Date

Phone: 503-864-2215 | Fax: 503-864-3927 | Email: molly.arce@dayton.k12.or.us



April 1, 2026

To the Parent or Guardian of an Interdistrict Transfer Student,

Thank you for your interest in sending your student to Dayton School District.

Students attending any school within Dayton School District as an Interdistrict Transfer are expected to maintain satisfactory behavior and attendance. If a student receives one or more major referrals and/or falls below 90% attendance, their transfer may be revoked. If a student's transfer is revoked, they will be required to return to their school of residence.

The district will review all Interdistrict Transfer students' behavior and grade data on a quarterly basis. Warning letters and revocation letters will be sent at those quarterly marks.

We appreciate your support in helping your student stay on track behaviorally and attend school regularly. We look forward to supporting your student(s) here at Dayton School District in maintaining the requirements outlined above.

By signing below, I acknowledge that I understand the requirements for my student to maintain their Interdistrict Transfer.

Parent/Guardian Signature

Printed Name

Student Name

Date

Sincerely,

Robin VanBuren

Robin VanBuren
Director of Teaching and Learning
Dayton School District