



NON-RESIDENT TRANSFER REQUEST FORM

DALLAS SCHOOL DISTRICT NO.2 NON-RESIDENT TRANSFER OUT-OF-DISTRICT APPLICATION



Please complete this survey

Requested School Year: _____

Today's Date: _____

Requested School District: _____

Requested School: _____

Student Information

Legal First Name: _____ Legal Middle Initial: _____

Legal Last Name: _____ Date of Birth: _____

Current Grade: _____ Grade for Year Requested: _____

Address: _____
Street City State Zip

Is student currently under expulsion? Yes No

If yes, why? (attach additional pages if necessary) _____

Parent/Guradian Information

Parent/Guardian Name: _____

Address: _____
Street City State Zip

Phone: _____ Email: _____

Please email to: do.reception@dsd2.org or larissa.ringhouse@dsd2.org
or drop off completed form at 111 SW Ash St. | Dallas, OR 97338
Phone: 503-623-5594 | Fax: 503-623-5597

Dallas School District Policy

- Completed transfer forms must be on file for every student.
- Requests will be reviewed by both districts.
- The attending/receiving district will claim the State school fund for the student.
- DSD is **NOT** responsible for student's transportation.

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, contact the building administrator at the receiving school prior to completing this transfer.

I understand that it is necessary and required for me to assume all responsibility for transportation. I also understand that this agreement may be revoked if failure by student to abide by DSD's policies, procedures and school rules. I further understand that for this non-resident transfer to continue, there must be an ongoing positive relationship between the parent(s)/guardian(s) and the school that enhances the probability of success for the transfer student, the other students in the school and the teachers(s). In addition, I authorize the release and exchange of confidential information regarding the student named.

Please provide verification of current address (utility/phone bill, or driver's license) - Request will not be processed until received.

Parent/Guardian Signature

Date

For Dallas School District Use Only:

Approved Denied

Reason/Comment: _____

Authorized Signature: _____ Date: _____

Receiving District:

Approved Denied

Reason/Comment: _____

Authorized Signature: _____ Date: _____

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