

Banks School District
12950 NW Main Street
Banks, OR 97106

Interdistrict Transfer Request 2019-20

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

Student Information

Legal Last Name _____ Legal First Name _____ Legal Middle Name _____

Mailing Address _____ Apartment # _____

City _____ State _____ Zip _____

Date of Birth _____ (MM/DD/YY) Student Grade Level in [2019-2020] _____

Primary Phone of Parent/Guardian _____ Secondary Phone _____

E-mail Address _____

Parent/Guardian Name (Person in Parental Relationship) _____

Is the student currently under expulsion? Yes No

If yes, what was the reason: _____

I hereby certify that the information I have 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 for inter-district transfers, including the following expectations: Transfers are contingent upon meeting behavior and attendance expectations. Failure to meet these expectations will result in the transfer being revoked and the student returning to their resident district:

- 1) Attendance of 92% or greater (in Washington County School Districts);
- 2) No more than one suspension per academic year, no suspension of, or greater than, five days (in Washington County School Districts);
- 3) No expulsion (in Washington County School Districts).
- 4) Transportation is the responsibility of the family.
- 5) Other terms as written in the acceptance letter, to be applied consistently to all students.

I acknowledge that the resident and receiving districts will exchange student educational records and other educationally relevant information about my student.

Signature of Parent/Guardian _____ Date _____

For Office Use Only:

Final Action of Nonresident District: Approved Denied Lottery number _____

Reason for denial: _____

Superintendent/Designee: _____ Date _____

SUBMISSION INSTRUCTIONS

Please fill this form if you are requesting to attend
BANKS School District. Return the form to:

Marlo Mosser
BANKS School District
12950 NW Main Street
BANKS, OR 97106
Ph. 503-324-8591
Fax 503-324-6969

DEADLINE FOR SUBMISSION

Requests must be received by May 15, 2019.

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.*

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
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
P.O. Box 68
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