



**DAVID DOUGLAS SCHOOL DISTRICT**

11300 NE Halsey St Portland, Oregon 97220

Phone: 503-261-8201

Fax: 503-261-8208

**INTER-DISTRICT DISTRICT TRANSFER REQUEST FORM  
2018-19 SCHOOL YEAR**

Date Rec'd \_\_\_\_\_

Student's Legal Last Name	Student's Legal First Name	Date of Birth
Mailing Address	City / State / Zip Code	Student Grade Level (2018-19)
Parent/Guardian Last Name	Parent/Guardian First Name	Requested Non-Resident School District
Parental Relationship to Student		Requested Non-Resident School
Home Phone	Work Phone	School Most Recently Attended
Email Contact		Does student have a sibling approved for transfer?
Is the student currently under expulsion? (Yes / No)		Name of sibling approved for transfer
If expelled, for what reason?		
Signature of Parent / Guardian		Date

Please submit your application to the David Douglas School District Superintendent's Office. Submit by mail, fax, scanned email or in person.

David Douglas School District  
Superintendent's Office  
11300 NE Halsey St  
Portland, OR 97220

Inquiries and emails to:  
Laurie Brunelle  
[laurie\\_brunelle@ddsd40.org](mailto:laurie_brunelle@ddsd40.org)

Phone: 503-261-8201  
Fax: 503-261-8208

**--Resident School District Use Only--**

<b>FINAL ACTION OF RESIDENT DISTRICT</b>	_____	Approved	_____	Denied
Reason, if denied:	_____			
_____	Superintendent or Designee		_____	
			Date	

**--Non-Resident School District Use Only--**

<b>FINAL ACTION OF NON-RESIDENT DISTRICT</b>	_____	Approved	_____	Denied
Reason, if denied:	_____			
_____	Superintendent or Designee		_____	
			Date	

**David Douglas SD Use Only**

Student's David Douglas District ID # \_\_\_\_\_ Student's State ID # \_\_\_\_\_