



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
2019-20 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 (2019-20)
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

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

--Resident School District Use Only--

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

--Non-Resident School District Use Only--

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

David Douglas SD Use Only

Student's David Douglas District ID # _____ Student's State ID # _____