

GASTON SCHOOL DISTRICT INTER-DISTRICT TRANSFER REQUEST

2025-26 School Year

Return to Carolyn Lowery—300 Park St. Gaston, OR 97119
loweryc@gastonk12.org, Phone: 503-985-0210, Fax: 503-985-3366

Please complete one form per student and print clearly. Delays in processing may occur if the form is illegible.
*Requests using this form after May 15, 2025 may not be considered.

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

STUDENT INFORMATION:

Student's Legal Name (printed)

Parent/Guardian Name (printed)

Date of Birth

Primary Phone

☐ Home ☐ Work ☐ Cell

Requested School (Optional) 2025-26 Grade

Resident address

Is the student currently attending school in the Gaston School District on an inter-district transfer? ☐ Yes ☐ No

Mailing address (if different)

Is the student currently under expulsion? ☐ Yes ☐ No

If yes, what was the reason?

Email address

Does the student have a sibling currently attending the Gaston School District? ☐ Yes ☐ No

Signature of Parent/Guardian

Date

Sibling's Legal Name

Current Grade

PARENT/GUARDIAN INFORMATION:

Students wishing to be **RELEASED** from the Gaston School District to attend school in a different district

STUDENT INFORMATION:

PARENT/GUARDIAN INFORMATION:

Student's Legal Name

Parent/Guardian Name (printed)

Date of Birth

Primary Phone

☐ Home ☐ Work ☐ Cell

Current (2024-25) Grade

2025-26 Grade

E-mail address

Resident address

Mailing Address (if different)

Signature of Parent/Guardian

Date

Only provide release information to the receiving district once your student has been accepted.

FOR DISTRICT USE ONLY

☐ Release granted

Resident District Name or Signature (for resident students being released)

Date

Currently attending Gaston School District ☐ Yes ☐ No

Sibling of current transfer student ☐ Yes ☐ No

Gaston Student ID Number ☐ Not currently registered

Term of acceptance:

SUBMISSION INSTRUCTIONS

Please fill out either the top or middle portion of this form depending on whether you are requesting to attend or be released from Gaston School District.

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Gaston School District
300 Park St.
Gaston, OR 97119
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Fax—503.985.3366
loweryc@gastonk12.org

DEADLINE FOR SUBMISSION

Requests must be received by May 15, 2025

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 or contact the High School Athletic Director for clarification.

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
Email: interdistricttransfer@beaverton.k12.or.us
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 "A"
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