



**In-District Transfer Request
School Year 2023-24
Secondary (Grades 6-12)**

Geographical boundaries determine the attendance area for all Lake Oswego School District secondary schools. LOSD allows transfers among schools based on grade-level and school capacity.

District guidelines for allowing transfers between LOSD secondary schools:

1. Student must be enrolled in resident LOSD school before submitting a transfer request.
2. Space must be available in the grade-level and school requested.
3. Transportation must be provided by the family to the school requested.
4. Transfers at the secondary level will occur only after a grading period such as the trimester or semester.
5. Transfer requests will be approved only if both principals agree that the transfer is necessary in order to preserve the ability to be successful in educating the student and will require the signature of both principals.
6. Transfer requests for current district students due to moves in residency within the district will be approved and don't require principal signatures.
7. Once the request has been approved, it does not need to be renewed annually. The approved request is valid until the student completes grades offered at that school.

District assumptions:

1. As long as the space is available and enrollment balance between school levels is within an acceptable range, families should have the option of selecting either of the district's middle or high schools.
2. Although we often question the reasoning for the transfer request, we do not question the truthfulness of the parent's characterization of the situation.
3. Placements of students in specific special education programs are decisions made at IEP meetings.
4. Transfers are not granted for the purpose of participating in athletics.

LOSD admits students to all the rights, privileges, programs and activities generally accorded or made available to all students in the schools. It does not discriminate on the basis of race, color, religion, sex, sexual orientation, gender identity, national origin, marital status, age, or disability in administration of its educational policies, admission policies, athletic programs, or in any other way. This extension of privileges does not apply to the district's fee waiver and reduction program.

Complete this form and submit it via email to your resident school principal for review. If the resident principal supports your request, they will forward to the non-resident principal for review, who will then forward to the Executive Director of Secondary Programs for final review/action. If the resident principal does not support your request, they will forward your request to the Executive Director of Secondary Programs for final review/action.

Parent/guardian check list:

I have read and completed all sections and signed the form.

If requesting a transfer for more than one child, I have completed a separate form for each child.

I have read and understand the District Guidelines and District Assumptions as they relate to transfers.



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This is to request that the student named below be admitted or continue in attendance at the school shown below.
(A separate form for each student must be completed.)

<hr/>		<hr/>	<hr/>
Student Name		Current grade level	Grade level for year requested
<hr/>		<hr/>	
Current Street Address		New Street Address (if applicable)	
<hr/>		<hr/>	
City/State/Zip		City/State/Zip	
<hr/>		<hr/>	
<hr/>	<hr/>	<hr/>	<hr/>
Parent/Guardian	Contact Phone Number	Email	
<hr/>		<hr/>	
Resident School (By Address)		School in which attendance is requested	
<hr/>		<hr/>	
Last Resident School: <hr/>			

Reason for request:

This information is to aid LOSD in supporting the student.

Is the student currently serving an expulsion?	YES	NO
Does the student have an IEP?	YES	NO
Does the student have a 504 Accommodation?	YES	NO
Is student currently identified as ELL (English Language Learner)?	YES	NO
Is student currently identified as TAG (Talented and Gifted)?	YES	NO

Application Form Submission Options

Mail to: LOSD Attn: Transfer Request at PO Box 70, Lake Oswego, OR 97034
Email: foughts@loswego.k12.or.us
Drop-off: at District Administration Building 2455 Country Club Rd., Lake Oswego, OR 97034

Parent/Guardian Signature _____ Date _____

Resident School Principal Signature* _____ Support ☐ Do Not Support ☐

Non-Resident School Principal Signature* _____ Support ☐ Do Not Support ☐

For District Use Only

Comments:	Approved	Denied
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Executive Director Signature:	Date:	