



Reynolds School District  
 Administration Offices  
 1204 NE 201<sup>st</sup> Avenue  
 Fairview, OR 97024  
 503.661.7200 • FAX 503.667.6932

**INTRA-District Transfer / "Area Exception" Application**  
**Complete if you did not apply for an area exception during Open Enrollment**

**Use this form if you live in the Reynolds School District & wish to apply to attend a different school within the District.**

<b>Student State ID #</b>	<b>District ID#</b>	<b>Date of Birth</b>
<b>Student Legal Last Name</b>	<b>Student Legal First Name</b>	<b>Student Legal Middle Name</b>
Parent/Guardian Last Name	Parent/Guardian First Name	Parental relationship to student
Current Residence	<i>Results will be mailed to this address</i>	Primary Phone
Street.....	Street.....	Secondary Phone
Apartment Complex.....	Apartment Complex.....	
Apartment #.....	Apartment #.....	Email Contact
City.....	City.....	
State..... Zip.....	State..... Zip.....	

<b>Grade Level in 2016-2017</b>	<b>Last School Attended</b>	<b>Home School</b>	

**SCHOOL REQUESTING** Please ✓one **Transportation is not provided for approved transfers**

<b>ELEMENTARY SCHOOL</b> <input type="checkbox"/> Alder <input type="checkbox"/> Salish <input type="checkbox"/> Davis <input type="checkbox"/> Sweetbriar <input type="checkbox"/> Fairview <input type="checkbox"/> Troutdale <input type="checkbox"/> Glenfair <input type="checkbox"/> Wilkes <input type="checkbox"/> Hartley <input type="checkbox"/> Woodland <input type="checkbox"/> Margaret Scott	<b>MIDDLE SCHOOL</b> <input type="checkbox"/> H.B. Lee Middle <input type="checkbox"/> Reynolds Middle <input type="checkbox"/> Walt Morey Middle	<b>HIGH SCHOOL</b> <input type="checkbox"/> Reynolds High <input type="checkbox"/> Reynolds Learning Academy West
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**Reasons for Transfer Request**

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Parent/Guardian Signature		Date
I hereby certify that the information I have provided is true and I understand that falsely responding to any of the questions herein will result in denial and/or revocation of the application. If my child is admitted, I hereby authorize the release of the student educational records to the requested district and certify that I am the parent or guardian in legal custody of the student.		

**APRIL 2016 – FEBRUARY 2017**

**Applications will be accepted at the Reynolds Administration Office only. Submit by mail, fax, scanned email or in person**  
**Reynolds School District**  
 1204 NE 201<sup>st</sup> Avenue  
 Fairview, OR 97024

Inquiries & scanned applications to: Phone 503.661.7200  
 RSD Reception Fax 503.667.6932  
[transfers@rsd7.net](mailto:transfers@rsd7.net)

<b>Final Results</b>	
<input type="checkbox"/> Transfer Granted	<input type="checkbox"/> No Availability
Authorizing Signature.....	Date .....