



# Hardship Request

## 2021 - 2022

### Inter-District Transfer Request

Resident District \_\_\_\_\_

Desired District \_\_\_\_\_

#### Exception to the Inter-district Transfer Rules for Emergency or Hardship

A student or student's parent/guardian may be granted an inter-district hardship transfer if the student is facing an emergency circumstance that threatens the health, safety, or welfare of the student or a hardship as defined in OAR 581-021-0019.

Student's Legal Name \_\_\_\_\_ Birth Date \_\_\_\_\_  
Last First Middle

Parent/Guardian Name \_\_\_\_\_ Current Grade Level \_\_\_\_\_  
Last First Middle

Home Address \_\_\_\_\_ Apt. Complex Name \_\_\_\_\_  
Street Apt. # City State Zip

Mailing Address \_\_\_\_\_  
(If different) Street Apt. # City State Zip

Primary Phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_ Email \_\_\_\_\_

Is the student currently under expulsion?  Yes  No

If yes, what was the reason? \_\_\_\_\_

Expelled from which district? \_\_\_\_\_

Statement of hardship and supporting documentation: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please submit this form to the District Office at 300 Ash Street, Central Point – Superintendent's Office.

Signature of Parent/Guardian _____ Date _____
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<b>For Office Use Only:</b> <input type="checkbox"/> Approved <input type="checkbox"/> Denied Superintendent/Designee: _____ Date: _____
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