



# Hardship Request

School Year \_\_\_\_\_  
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 \_\_\_\_\_

**For Office Use Only:**  
 Approved  Denied  
Superintendent/Designee: \_\_\_\_\_ Date: \_\_\_\_\_