



Hardship Request

School Year _____
 Interdistrict Transfer Request

Resident District _____

Desired District _____

Exception to the Interdistrict Transfer Rules for Emergency Health, Safety, or Welfare of Students

A student or student's parent/guardian may be granted an interdistrict hardship transfer if the student is facing an emergency circumstance that threatens the health, safety, or welfare of the student per ORS 339.127 Section 1.(9)(c).

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 Education Services, 815 S. Oakdale Avenue, Medford, Room 226.

Signature of Parent/Guardian _____ Date _____

For Office Use Only:

Approved Denied

Superintendent/Designee: _____ Date: _____