



Kari Owens, Regional Director
1495 N. Hemlock St., Coquille, OR 97423
Phone: 541-404-6286 / 888-284-2299
Fax: 888-846-3398

Sept. 16, 2015

Re: Sadanon Suwannamit

To Whom It May Concern;

As the ICES Regional Director of Oregon, I would like to verify the following details regarding the placement of Sadanon Suwannamit with Dale and Jen Melton of North Bend:

- At the time the Meltons decided to host, North Bend High School had already reached their limit for exchange students for the school year.
- I asked the Meltons if they would be willing to have their exchange students attend Marshfield, and they agreed.
- Sadanon was not in any way recruited for his athletic ability

In light of these circumstances, I request that you grant him a Hardship Waiver so he can participate fully in student life at Marshfield High School this year.

If you need additional information, please don't hesitate to contact me.

Sincerely,

A handwritten signature in black ink that reads "Kari Owens".

Kari Owens
Regional Director

MARSHFIELD HIGH SCHOOL ATHLETICS

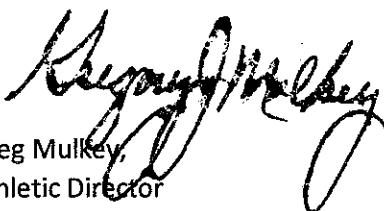
Sept. 16, 2015

Tom Welter, OSAA Executive Director
Oregon School Activities Association
25200 SW Parkway Avenue, Suite 1
Wilsonville, OR 97070

Mr. Welter,

I am writing with a request that Sadanon Suwannamit, ICES foreign exchange student, be allowed to participate in athletics at Marshfield High School even though he resides with a host family that lives in the North Bend School District. Pablo was placed with this family prior to realizing that North Bend would not accept more than 5 exchange students for this current school year 2015-16. The family agreed to host him and transport them to Marshfield High School. Due to these circumstances I would request that we would allow him the opportunity to fully participate in the entire school experience including athletics. I will be attaching a copy of his Interdistrict Transfer Agreement that North Bend School District signed releasing him to attend our school.

Thank you for your time and consideration for participation.


Greg Mulkey,
Athletic Director
Marshfield High School


Application for Nonresident Student Admission - Interdistrict Transfer

Transfer requested for school year 2015-2016

Office Use Only	SEP 01 2015
Received	SEP 01 2015
Student ID#	

NON-RESIDENT DISTRICT CBRESIDENT DISTRICT NB

Student's Legal Last Name Suwannamit Student's Legal First Name Sadamon
 Date of Birth 04-02-1999 Student Grade Level in 2015-16 12
 Mailing Address 2020 Hayes St City North Bend State OR Zip 97459
 Print Parent/Guardian Name(s) (Person(s) in Parental Relationship) Dale & Jennifer Melton
 Primary Phone of Parent/Guardian 360 477 5135 Secondary Phone 541-297-2789

Has the student been (or in process of being) expelled in the last year? NO Reason: _____Reason for the transfer request: Love Coos Bay SchoolsI understand that I am responsible for the transportation of this student if this application is granted. (Initial) KSN

A transfer approval does not guarantee enrollment at a specific school within accepting district.

This agreement does not guarantee student eligibility to play or participate in co- or extra-curricular activities. Students and schools are subject to all Oregon School Activities Association and other appropriate eligibility guidelines. Parents and students must be aware that a transferred student may be ineligible for a certain period of time. They may also be ineligible if and when they return to their home district.

An approved agreement may be revoked by the non-resident district for any of the following reasons:

1. The student shows a pattern of violating school rules and regulations;
2. The student has irregular attendance or chronic tardiness;
3. Any information on the request form is falsified.

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 this request. I acknowledge that the resident and non-resident districts will exchange student educational records and other educationally relevant information.

Signature of Parent/Guardian Kasey D. Melton Date 8-31-15
 (Person in Parental Relationship)

For Office Use Only	
Final Action of Resident District:	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied
Reason or Comments:	
Superintendent/Designee:	<u>Bill Melton</u> Date <u>9/1/15</u>
Final Action of Non-Resident District:	<input type="checkbox"/> Approved <input checked="" type="checkbox"/> Denied <input type="checkbox"/> Waitlist <input type="checkbox"/> Lottery Number
Reason or Comments:	
Superintendent/Designee:	<u>CB</u> Date <u>9/1/15</u>

School Record Transcript

Student Name: **SEMANIKHIT**
Last

Surname: **SAPKHO**
First

Address:

9th Grade YEAR SEMESTER (Check one)

Course Grade	Course Grade
0 5 1 6 1 3	1 0 1 3 1 3
Month/ Day/ Year	Month/ Day/ Year

Course Title	Hours/Week	Grade/Grade
THAI	3	B+
MATHEMATICS	3	B
SCIENCE	3	A
SOCIAL STUDIES	3	C
HISTORY	1	B
ARTS	1	A
VISUAL ART	1	A
TECHNOLOGY	2	B
ENGLISH	3	B
ACCOUNTING	2	A
LISTENING- SPEAKING	1	A

Course Grade
1 0 3 0 1 3
Month/ Day/ Year

Course Grade
0 3 1 0 0 4
Month/ Day/ Year

Course Title	Hours/Week	Grade/Grade
THAI	3	B+
MATHEMATICS	3	A
SCIENCE	3	A
SOCIAL STUDIES	3	B
HISTORY	1	B
HEALTH EDUCATION	1	A
TECHNOLOGY	2	B+
ENGLISH	3	B
GENETICS	1	A
THAI STUDIES	1	A
LISTENING- SPEAKING	1	B+

10th Grade YEAR SEMESTER (Check one)

Course Grade	Course Grade
0 5 1 3 1 4	1 0 0 3 1 4
Month/ Day/ Year	Month/ Day/ Year

Course Title	Hours/Week	Grade/Grade
THAI	2	B
MATHEMATICS	3	B+
BIOLOGY	3	C
PHYSICS	3	B+
CHEMISTRY	3	C+
SOCIAL STUDIES	2	C
HEALTH EDUCATION	1	A
INFORMATION AND TECHNOLOGY	2	A
ENGLISH	2	B
VOLLEYBALL	1	A
CHINESE	2	A

Course Grade
1 0 2 2 1 4
Month/ Day/ Year

Course Grade
0 3 0 6 1 5
Month/ Day/ Year

Course Title	Hours/Week	Grade/Grade
THAI		
MATHEMATICS		
BIOLOGY		
PHYSICS		
CHEMISTRY		
SOCIAL STUDIES		
HEALTH EDUCATION		
INFORMATION AND TECHNOLOGY		
ENGLISH		
VOLLEYBALL		
CHINESE		

Signature of School Official or certifies that the student has completed this form:

Signature of School Official:

M. Bawornrat

Official School Seal or Stamp

01-23-2019

Date (Month/Day/Year)