



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 cursive script 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
Received SEP 01 2015
Student ID# _____

NON-RESIDENT DISTRICT NB RESIDENT DISTRICT NB

Student's Legal Last Name Suwanamit Student's Legal First Name Sadanon

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 Schools

I understand that I am responsible for the transportation of this student if this application is granted. (Initial) ESN

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. Nott 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 Foster</u>	Date: <u>9/1/15</u>
Final Action of Non-Resident District:	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Waitlist <input type="checkbox"/> Lottery Number
Reason or Comments: _____	
Superintendent/Designee: <u>[Signature]</u>	Date: <u>9/1/15</u>

01 Program Application



A Photo 2"x2" (5cmx5cm)
200 DPI of Student with
Smiling Face to be Used on
Student's ICES Identification
(ID) Card.

Student Information

School type Public School (Private School Students Must Pay Tuition)

Program type ☒ J-1 Student ☐ F-1 Student ☐ USA Citizen

I am applying for the 10 Month High School Program (Academic Year)

Direct Placement ☐ Yes ☒ No If Yes, Please Download & Complete Direct Placement Form at Tab 14.

Completed High School ☐ Yes ☒ No

Student ID 158Bwth005JYM (ICES office use only)

Student Name Suwannamit Sadanon
Last First Middle

(As it Appears in Passport) Please do not use all Capitals Letters When Typing your Name.

Street Address

80/2

Home Telephone

66814190300

Postal Code

90110

City of Birth

SONGKHLA

Student's Email

SADANONZA@HOTMAIL.COM

Skype ID (if Available)

Parent's Email

BUNGORN.S@CATTELECOM.COM

Gender ☒ Male ☐ Female

Entry Month / Year: August / 2015

City

HATYAI

State/Province

SONGKHLA

Country

Thailand

Country of Birth

Thailand

Date of Birth (Month/Day/Year) (Same date as on Passport)

April / 02 / 1999

Country of legal residence

Thailand

Age (upon arrival in the US)

16

Citizenship

Thailand

Nationality on passport

Thailand

Family Information

Name	Relationship	Age	Occupation	Live with you?
BUNGORN SUWANNAMIT	MOTHER	44	EMPLOYEE OF CAT TELECOM PUBLIC CO., LTD	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
SAKCHAI SUWANNAMIT	FATHER	52	EMPLOYEE OF CAT TELECOM PUBLIC CO., LTD	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
PANUWAT SUWANNAMIT	BROTHER	12	STUDENT	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

Sports & Interests (Athletic Eligibility or Participation is not Guaranteed)

Sports (Active Participation)

Hobbies, Collections, Interests

Musical Instruments

5.2 School Record Transcript



Student Name: **SUWANVATTI**
(Last Name) Last

SADKHON
(First Name) First

Address

9th Grade ☐ YEAR ☒ SEMESTER (Check one)

Classes Begun
0 5 1 6 1 3
Month/Day/Year

Classes Ended
1 0 1 3 1 3
Month/Day/Year

Classes Begun
1 0 3 0 1 3
Month/Day/Year

Classes Ended
0 3 1 0 1 4
Month/Day/Year

Course Title	Hours/Week	Final Grade (A,B,C,D,F)
THAI	3	B+
MATHEMATICS	3	B+
SCIENCE	3	A
SOCIAL STUDIES	3	C
HISTORY	1	B
PE/PAE	1	A
VISUAL ART	1	A
TECHNOLOGY	2	A
ENGLISH	3	B
ACCOUNTING	2	A
LISTENING - SPEAKING	2	A

Course Title	Hours/Week	Final Grade (A,B,C,D,F)
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
BENEFITS	2	A
MATRIAL STUDIES	1	B
LISTENING - SPEAKING	2	B+

10th Grade ☐ YEAR ☒ SEMESTER (Check one)

Classes Begun
0 5 1 3 1 4
Month/Day/Year

Classes Ended
1 0 0 3 1 4
Month/Day/Year

Classes Begun
1 0 2 2 1 4
Month/Day/Year

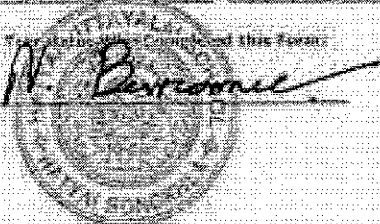
Classes Ended
0 3 0 6 1 5
Month/Day/Year

Course Title	Hours/Week	Final Grade (A,B,C,D,F)
THAI	2	B
MATHEMATICS	1	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 Title	Hours/Week	Final Grade (A,B,C,D,F)
THAI		
MATHEMATICS		
BIOLOGY		
PHYSICS		
CHEMISTRY		
SOCIAL STUDIES		
HEALTH EDUCATION		
INFORMATION AND TECHNOLOGY		
ENGLISH		
VOLLEYBALL		
CHINESE		

Signature of School Official or certified Teacher: _____

Signature of School Official: _____



Official School Seal or Stamp

01 23 2014
Date (Month/Day/Year)