



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: Pablo Cordobes Fernandez

To Whom It May Concern;

As the ICES Regional Director of Oregon, I would like to verify the following details regarding the placement of Pablo Cordobes Fernandez with Gilbert & Kristara Lopez of North Bend:

- At the time the Lopez family decided to host, North Bend High School had already reached their limit for exchange students for the school year.
- I asked them if they would be willing to have their exchange student attend Marshfield, and they agreed.
- Pablo 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,

Kari Owens
Regional Director

MARSHFIELD HIGH SCHOOL ATHLETICS

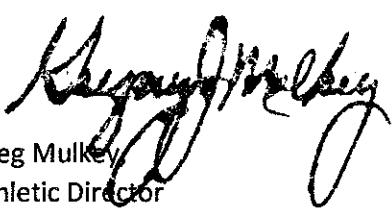
Sept. 16, 2015

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 Pablo Cordobes Fernandez, 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

NB to CB

Exchange Student

Request for Interdistrict Transfer for Non-Resident Admission School Year 2015-16

AUG 25 2015

For Office Use Only

Student ID# _____

Note that 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.

Student Information/Parent Request

Legal Name Pablo Corlöhés Fernández Birth Date 10-24-2000 Grade 15 Gender M

Parent/Guardian(s) Name(s) Kristava Lopez & Gilberto Lopez

Residential Address 2091 Hayes St City North Bend State OR Zip 97459

Mailing Address (if different) _____

Primary Phone of Parent/Guardian 541-297-2789 Secondary Phone _____

I/We, the parent/guardian(s) of the above student who reside in the North Bend School District, requests a transfer to the Coos Bay School District to attend Marshfield (name of school) for the following reason(s) (use back of form if more space is needed):

North Bend High School is full

Has the student been or in the process of being expelled in the last year? NO Reason: _____

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

Granting the request does not guarantee acceptance to another district, nor to a specific school within the accepting 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.

Parent/Guardian Name (Person in Parental Relationship) Kasey Nuthiger ICES Coordinator ^{Local}

Signature of Parent/Guardian Kasey N Date 8-18-15

For Office Use Only:

Final Action of Resident District: Approved Denied

Reason for denial: _____

Superintendent/Designee: Bill Hester Date 8/20/15

Final Action of Non-Resident District: Approved Denied

Reason for denial: _____

Superintendent/Designee: Date 8/24/15

Enrollment Date: 4/7/15 Withdrawal Date: _____ W/D Reason: _____

