

GABRIELLA NICOLE VANDERKIN

PORTLAND PUBLIC SCHOOLS

SUPERVISION AGREEMENT

DOB 6-17-2008 GRADE 2
VESTAL

Public Schools in Oregon are required to provide for the education of students whose parents are residents of their school districts, unless the student has been excluded from school attendance in accordance with provision of Oregon school laws. School districts generally are not required to provide schooling for students whose parents reside in another district. However, in circumstances where serious hardship exists and the well being of the student necessitates a change in living arrangements, application may be made for admission to a Portland school.

Student's Name COLBY BRENTON ROBERT POWELL Date of Birth 3-16-99

School Year Requested 2015-16 Student's Grade Level 11

DAVID DOUGLAS
Last School Attended Address Area Code Phone Number

If student is in any special programs, please list NO

Does the student have an Individualized Education Plan (Special Education)? Yes No ✓
(If yes, please attach a copy of the IEP and evaluation)

Has the student been suspended? NO For what? When?

Has the student been expelled? NO For what? When?

DESERE SAECHAO
Parent Name Area Code Phone Number
1215 NE 74th AVE 503-255-5422
Address City State PORTLAND OR Zip 97213

LAURIE KEITH BLAIR
Name of person with whom student will be living
1215 NE 74th AVE PORTLAND OR 97213
Address City State Zip
(503-706-4116) / 503-544-8809
Area Code Phone Number 503-255-5422

GRAND PARENTS MADISON
Relationship to Student Neighborhood School

This student is living with me, rather than the parent/legal guardian for the following reasons:

THE MOTHER IS GOING TO JAIL + SHE HAS NO HOME /
NO RESOURCES ONCE SHE'S OUT, SORRY ABOUT UPPER +
LOWER CASE WRITTING OOPS

I have accepted responsibility for the supervision of the above named student who will reside in my home. I understand that I will be responsible for his/her attendance, conduct, and performance in school and that any communication from the school about these matters will be addressed to me. I have authority from his/her parents to assume this responsibility.

Signature of Supervising Adult Laurie K. Blair Date 9-1-15

Please return form to:

Enrollment And Transfer Center
PO Box 3107
Portland OR 97208-3107
(503) 916-3205 phone (503) 916-3699 fax

2/23/06

*emailed
9/1/15
@ 2:35*