



Oregon School Activities Association
25200 SW Parkway Avenue, Suite 1
Wilsonville, OR 97070

503.682.6722

www.osaa.org

Student Eligibility Request Form

Form ID Number
20150526

Type of Waiver

Transfer without Change of Joint Residence Hardship Appeal
OSAA Rule 8.6 - Send directly to District Athletic Committee

Submitted 11/20/2015
2015-16 School Year

Mountain View High School Information

2755 NE 27th St
Bend, OR 97701
(541) 355-4500

Katie Legace, Principal
katie.legace@bend.k12.or.us

Dave Hood, Athletic Director
dave.hood@bend.k12.or.us
(541) 355-4502

Student Information

Odin Arvidson

DOB: 8/17/2001

Age: 14 years 3 months (as of 11/20/15)

Current Address

Carl & Margaret Arvidson
Parent (Mother/Father)
61203 Gooseberry Pl.
Bend, OR 97702

Last Year's Address

Same as current address

Attends: Mountain View High School
Previous: Summit High School

Grade: 9

Has IEP? No

Meeting IEP? N/A

Enrollment Record

SY	GR Period	Dates	School	# Credits Earned	# Classes Passed
2015-16	9 1st Semester	9/7/15 to 9/10/15	Summit High School	0	0

Notes

Student has good grades and will earn credits based upon completion of first semester coursework.

Under penalty of perjury, I do affirm that no coach, parent, administrator, teacher, or other representative of the current school initiated contact or offered any inducements for the purpose of having the student attend the current school for athletic participation. Further, I authorize release of permanent school records to the Oregon School Activities Association.

Both signatures are required.

Parent Signature (or host family)

Principal / Superintendent

Directions

Ensure the Affirmation Statement section has both signatures. Send this printed Student Eligibility Request Form and any attached files to your District Athletic Committee. Do not send this to the OSAA office. Keep a copy for your school's records. Allow five business days for your request to be processed. Once a decision is made, the District Athletic Committee will notify your school.

Send a printed version of this form directly to your District Athletic Committee with any other printed attachments.

District Athletic Committee Decision

This section is to be filled out by the District Athletic Committee. Once a decision has been made, the committee shall contact the school regarding the outcome and forward a copy of this completed form and any supplemental materials to the OSAA office.

DAVID WILLIAMS

Chairperson's Name (print)

David Williams

Chairperson's Signature

11/20/15

Date

☒ Approved

☐ Denied

ATHLETIC DIRECTOR BEND HIGH SCHOOL

Chairperson's School & Position

Notes:

BEND - YES

REDMOND - YES

RIDGEVIEW - YES

Appeals Process

Appeals of decisions made by the District Athletic Committee are heard by the OSAA Eligibility Appeals Board. Appeals must be requested in writing, or e-mail, and submitted to the OSAA Executive Director.

Any party filing an appeal of a decision made by the District Athletic Committee to the OSAA Eligibility Appeals Board shall be assessed a filing fee of \$100 to defray the costs to the Association of assembling the respective appeals bodies to hear the appeal.

If a waiver is denied by the OSAA Eligibility Appeals Board, an appeal can be made to a Hearings Officer under OSAA Handbook Rule 9, "Hearings Officer." Appeals to the Hearings Officer shall include an appeal fee of \$250.

For additional information, please refer to the OSAA Handbook available at www.osaa.org/governance/handbooks.



Oregon School Activities Association
25200 SW Parkway Avenue, Suite 1
Wilsonville, OR 97070
503.682.6722 fax: 503.682.0960 <http://www.osaa.org>



Affirmation Statement

Under penalty of perjury, I do affirm that no coach, parent, administrator, teacher, or other representative of the current school initiated contact or offered any inducements for the purpose of having the student attend the current school for athletic participation. Further, I authorize release of permanent school records to the Oregon School Activities Association.

This statement is attached to the online Student Eligibility Request Form with ID # _____
Online Form ID Number (8 digits)

Both signatures required for all Eligibility Requests.

Margaret Arvidson
Printed name of Parent (Host family if Non-CSIET student)

[Signature]
Signature

11/10/15
Date

[Signature] Dave Hood
Printed name of Principal / Superintendent

[Signature]
Signature

11/13/15
Date

How to Attach This Form to an Online Student Eligibility Request Form

You must upload and attach this completed and signed Affirmation Statement form. Follow these steps to attach this form to your online eligibility request form.

1. Print a copy of this blank form.
2. Fill out the form on paper:
 - a. Write in the 8-digit eligibility form Identification number (located at the top of your online form.)
 - b. Have each party read the affirmation statement and then sign and date the form.
3. Scan the completed form to an electronic PDF file.
4. Upload the electronic file to your form.
 - a. Edit your online eligibility form and scroll to the "Waiver Files" section.
 - b. Click the "Upload a File" button.
 - c. Select the file type as "Affirmation Statement Signature Form."
 - d. Browse to the scanned file's location saved to your computer and select the corresponding file for upload.
 - e. Click the "Upload" button.

If successful, your form will show a link to the uploaded file and note that it has been uploaded.



Mountain View High School

Katie Legace
Principal

Dave Hood
Athletic Director

Krista Brines
Activities Director

Sarah Stearns
Athletic / Activities Secretary

Mr. Tom Welter, Executive Director
Oregon School Activities Association
25200 SW Parkway Ave Suite 1
Wilsonville, Oregon 97070

November 17, 2015

Dear IMC ADs,

The purpose of this letter is to request a Transfer Waiver for Odin Arvidson. Odin is a freshman who transferred to MV from Summit at the end of the first quarter. The family states that he is transferring for medical reasons (see letters).

Odin would like to participate on the frosh basketball team this Winter.

I support his participation in athletics.

Thank you for your attention to this matter. Please contact me if you have questions or concerns.

Sincerely,

Dave Hood
Athletic Director

November 10, 2015

Oregon School Activities Association
25200 SW Parkway Avenue, Suite 1
Wilsonville, OR 97070

RE: Odin Arvidson's transfer from Summit High School to Mountain View High School (both in Bend, Oregon) and his eligibility to participate in high school sports during the remainder of his freshman school year.

To Whom It May Concern:

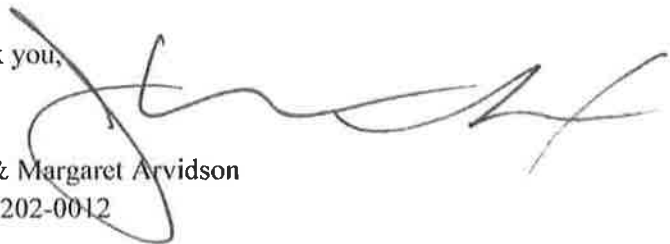
Please allow our son, Odin Arvidson, to participate in athletics during the 2015-2016 school year. Odin is an athletic kid who enjoys playing sports. Since school began Odin has experienced almost daily headaches and numerous migraines and has missed a lot of school. He has also developed problems sleeping. Prior to entering high school Odin never experienced a migraine and rarely had headaches.

Odin is under the care of Dr. Brooks Booker of Bend Memorial Clinic Pediatrics and Dr. Michael Bell of Bend Neurological Associates. Dr. Bell has provided a letter in support of the school transfer. Over the past couple of months Odin has been put through a battery of tests including an MRI, CT Scan, blood tests and an overnight sleep study. The results of these tests were inconclusive and did not show a specific organic cause for his health issues.

We decided to try and detect patterns in his migraines by journaling each time a headache occurred. We noticed that Odin was fine during the weekend and most mornings during the week yet when he got home from school he often had such severe headaches that he went right to bed. We think there is an environmental trigger at Summit High School that causes his headaches and so we have pulled him out of Summit High. We tried to enroll him into Bend High School but the school is over capacity and is not accepting new students. He is now enrolled in Mountain View High School in Bend. The school transfer had nothing at all to do with sports, it was done to try and improve our sons health.

Odin is normally an energetic kid who loves to play basketball, baseball, football, surf, ride bikes and skateboard. He did not play any sports at Summit High this Fall. We do not want him to miss out on the opportunity to participate in sports once his health improves and he is feeling better. Please allow Odin to participate in sports during his Freshman school year at Mountain View High School.

Thank you,


Carl & Margaret Arvidson
(907) 202-0012

November 10, 2015

To Whom It May Concern:

I have been healthy all my life until high school. I am a freshman this year. Since I have been attending Summit High School in Bend I have been getting daily headaches, migraines and having difficulty sleeping. I have seen several doctors and done extensive testing to try to determine the cause of my health problems. My parents and I think that something at Summit is triggering my migraines and we decided that I should transfer schools to see if I feel better. When I am at home on weekends or holidays I feel much better.

My parents initially tried to get me into Bend High School because it is the closest school to our house but the school principal would not let me in because it's overcrowded with students. However, I was accepted into Mountain View High School on the other side of town. I enjoy playing competitive sports and would like to continue playing sports if I am healthy enough to do so at Mountain View High. My transfer has nothing to do with sports. Please allow me to play sports this school year. I did not play any sports at Summit this fall.

Thank You,

A handwritten signature in black ink that reads "Odin Arvidson". The signature is written in a cursive, slightly slanted style.

Odin Arvidson



MICHAEL L. BELL, M.D.
DAVID T. SCHLOESSER, M.D.
LAURA J. SCHABEN, M.D.

November 06, 2015

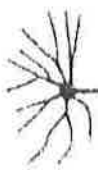
RE: ARVIDSON, ODIN K.
DOB: 08/17/2001

To Whom It May Concern:

Odin is under my care for migraines. His family suspects there is an environmental trigger at Summit High School that contributes to his daily headaches. They would like to transfer him to Bend High School. I believe this is not unreasonable and would be supportive of the patient playing sports this year at Bend High School as well.

Sincerely,

Michael L. Bell, M.D./klc



PHONE: 541.317.0044 • FAX: 541.728.0707 • 2349 NE CONNERS AVENUE • BEND, OREGON 97701
WWW.BENDNEURO.COM

COMPREHENSIVE NEUROLOGICAL CARE FOR CENTRAL OREGON

Subject: Re: Odin

Date: Wednesday, November 18, 2015 at 4:41:34 AM Pacific Standard Time

From: Gabe Pagano

To: Dave Hood

Odin was a student at Summit. He seemed to be getting migraines only at Summit, therefore he moved to a different environment. He did not do any sports at Summit and we support his move to Mountain View.

GP

Gabe Pagano

Summit High School

Athletic Director

Office#: 541-355-4102

Cell#: 503-330-2593

Email: gabe.pagano@bend.k12.or.us

From: Dave Hood

Sent: Tuesday, November 17, 2015 4:34 PM

To: Gabe Pagano

Subject: Odin

Can you send a quick note about this kid, Odin Arvidson, transferring here?

Trying to complete his transfer waiver. I am not even sure he will make the team here...

Dave Hood, CAA
MVHS Athletics
2755 NE 27th Street
Bend, OR 97701
Phone: 541.355.4502

SUMMIT HIGH SCHOOL - WITHDRAW FORM

2855 NW Clearwater Drive Bend, OR 97701

Counseling Center: 541.355.4200

NAME: Oden Arvidson Grade: 09 Pupil ID #: 294956 SSID #: _____

WD DATE: 11.10.15 WD Code: 1B Destination: MVHS

GRADE: Indicate
One or the Other

PERIOD	CLASS / TEACHER	TRANSFER GRADE "Not at Grading Period"	FINAL GRADE "AT GRADING PERIOD"	TEACHER INITIAL	AMOUNT DUE FROM STUDENT
1	Integrated Wellness	A+ —	per student	ue	
2	Modern World	B 83%		ES	0
3	Advanced Algebra 2	A —	Student	ue	
4	Lit + Comp 1	A 92.5%		CS	0
5	Spanish	A 96.00		gr	0
6	Biology	A 96.5%		AD	0
7	Band	B+ 88%		AD	0

ALL - SCHOOL CLEARANCE

Attendance Office (locker) [Signature]

Athletics Office [Signature]

Cafeteria [Signature]

Bookkeeper/Main Office [Signature]

Librarian / Book Return [Signature]

DUE: _____

Parent / Guardian Signature [Signature]

Date 11.9.15

Parent/Guardian confirmed by: ☒ PHONE ☐ WRITTEN NOTE
Other / Comments: _____

Official Use Only

☒ Julie Plummer, Counseling Secretary 541.355.4200

Date 11/10/15

☒ Counselor Signature [Signature]

Emailed to Staff (if applicable) _____

Emailed to A. Ericson (Special Programs) _____

GPA Ran / Karen Young _____

Date Withdrawn in Synergy: 11-10-15 (J. Plummer)

COMMENTS: _____

Distribution:

White/Binder Yellow/Cum File Make Copy for Student

BEND LA PINE SCHOOLS[Home](#) [My Account](#)[Help](#) [Close](#)

Good afternoon, Odin Arvidson, 11/10/2015

[Messages³](#)[Calendar](#)[Attendance](#)[Class Schedule](#)[Class Websites](#)[Course History](#)[Grade Book](#)[Report Card](#)[School Information](#)[Student Info](#)[Additional Resources](#)[ParentVue and
StudentVue Support](#)**Odin**

Summit High School (541-355-4000)

GRADE BOOK[Semester 1](#) | [Semester 2](#)**Grade Book Summary for Semester 1 (ending on
02/04/2016)**

Period	Course Title	Resources	Room Name	Teacher	Semester 1
1	Integrated Wellness (MD371SPE1)		E141	David Turnbull	A+ (100.0)
2	Modern World History (SS100SWS1)		C202	Elizabeth Justema	B (83.1)
3	Advanced Algebra 2 (MA253SMA1)		A204	Matt Johnson	A (97.03)
4	Lit and Comp 1 (LA100SLA1)		C102	Carli Smythe	A- (92.5)
5	Spanish 1 (FL601SFA1)		A106	Jill Vincik	A+ (98.7)
6	Biology 1 (SC204SSC1)		A111	Joe Padilla	A (96.5)
7	Concert Band (FA832SFA1)		D149	Dan Judd	B+ (87.4)

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