

Oregon Department of Education

Accountability Reporting
255 Capitol Street NE
Salem, Oregon 97310
ode.institutions-request@ode.oregon.gov
Fax: 503.378.5156

Institution Request Form

Form 581-1380-A

Instructions for submitting institutional changes with the Oregon Department of Education: This form is used to request a variety of institutional changes. Find the type of request that your institution is making and fill out the indicated fields for that type of request. See [Appendix B](#) for supplemental material to be submitted with this form. All Institution Request Forms must be physically signed and dated to be processed. New institution requests, institution splits, and grade changes are due by September 15 of the school year the change will take effect. For questions and submission, please email ode.institutions-request@ode.oregon.gov.

Registered Private Schools, Registered Private Alternative Programs, and Approved Private Special Education Providers in the state of Oregon must provide information to the Oregon Department of Education prior to receiving an Institution ID. Information about these schools changes frequently. For the latest applications and listings, visit the appropriate web pages at <http://www.oregon.gov/ode> (Search for Private Schools, Private Alternative Programs, Special Education Service, or Charter Schools).

Non-Accountable Institution Requests

Entities that are required to have an ID that are not Oregon Public Schools must complete their requests on the appropriate online form. Below are the appropriate forms for specific ODE Application access.

- [Electronic Grant Management System \(EGMS\) Requests](#)
- [Fingerprinting Requests](#)
- [School Bus Driver Portal Requests](#)
- [Sexual Misconduct Verification System \(SMVS\) Requests](#)

Institution Classification:

Select your [Virtual School Status](#) (only required for public schools):

☐ Full Virtual ☐ Focus Virtual ☐ Supplemental Virtual ☐ Not Virtual

Sector: (Select only one)

☒ Public

☐ Private

☐ Private Non-Profit

Primary Function: (Select only one)

☒ School

☐ Program

☐ University

☐ Community College

☐ College

☐ Organization/Other

☐ Child Nutrition Program Site

Complete this section only if this institution is a primary educational provider (i.e. accountable for educational services).

Instructional Type: (Institutions which do not have a regular instruction type must follow additional rules and statutes as designated by ODE.)

☒ Regular

☐ Alternative

☐ Charter

☐ Career/Technical

☐ Special Ed.

☐ Recovery School

Program Type: (Only complete if the function type is "Program". Not applicable for schools.)

☐ ACEP ☐ CTE ☐ JDEP ☐ LTCT

☐ PNF ☐ YCEP ☐ YDD

☐ Head Start ☐ Even Start ☐ EI/ECSE

☐ Tribal ☐ Hospital ☐ Special Ed.

☐ Private Alternative

☐ Regional Program (Special Ed.)

Type of Request (check one):

Note: If the change affects more than one institution, please complete a separate form for each institution.

☐ New Institution (Non-EGMS)(Effective 7/1 of the approved school year)

Complete sections: [All information above](#), [A](#), [C](#), [E](#), [F](#), [G](#), [H](#), [J](#), [N](#), [O](#), [Appendix A](#)

☐ Merging of Two Institutions into one institution

Complete sections: [All information above](#), [A](#), [B](#), [C](#), [D](#), [E](#), [F](#), [G](#), [H](#), [I](#), [J](#), [N](#), [O](#), [Appendix A](#)

☐ Splitting of One Institution into two institutions

Complete sections: [All information above](#), [A](#), [B](#), [C](#), [D](#), [E](#), [F](#), [G](#), [H](#), [I](#), [J](#), [N](#), [O](#), [Appendix A](#)

☐ Institution Close (Effective 6/30 of the approved school year)

Complete sections: [All information above](#), [A](#), [G](#), [N](#), [O](#)

☒ **Other Information Changes**

☐ Address Change (Complete Sections: [All information above](#), [A](#), [C](#), [N](#), [O](#))

☒ **Grade Level Change** (Complete Sections: [All information above](#), [A](#), [G](#), [I](#), [N](#), [O](#), [Appendix A](#) (if major grade change)

☐ Parent Administration Change (Complete Sections: [All information above](#), [A](#), [C](#), [J](#), [N](#), [O](#))

☐ Type Change (Complete Sections: [All information above](#), [A](#), [C](#), [J](#), [N](#), [O](#), [Appendix A](#))

☐ Name Change (Complete Sections: [All information above](#), [A](#), [E](#), [N](#), [O](#).)

☐ Child Nutrition Program

Complete sections: [All information above](#), [A](#), [C](#), [E](#), [F](#), [G*](#), [H](#), [K**](#), [L](#), [N](#), [O](#)

☐ New YDD Data Manager (YDD – Only) Institution

Complete sections: [Sector](#) (above), [Program Type](#) (above), [A](#), [C](#), [E](#), [F](#), [J](#), [K](#), [M](#), [N](#), [O](#)

* Optional

** Complete if the child nutrition program site has a grant through EGMS as well

A: Institution Identifiers: (If merging/splitting, put the name of the single institution that will be merged into/split from. Only use the 'New' name fields for name changes. If you are unsure of your ID, you can search for it on the [Institution Lookup Tool](#) – it is **required**.)

Institution ID# (Leave blank for new institution requests and mergers): **1093**

Current Name (Doing business as): **Chenoweth Elementary School**

New Name (Doing Business as):

Current Legal Name (Name that is on contract, charter, IRS documentation—if different from above):

New Legal Name (Name that is on contract, charter, IRS documentation—if different from above):

B: Merging/Splitting Institution Identifiers:

Institution A ID#: (Leave blank if splitting - this # will be assigned by ODE)

Institution A Legal Name:

Institution B ID#: (Leave blank if splitting - this # will be assigned by ODE)

Institution B Legal Name:

C: Demographic Information: (For address changes, give the new information. For merges, this address should reflect the final location.)

Street address (include City, State, and Zip+4):

County:

Mailing address (include City, State, and Zip+4):

Primary web address:

Primary email address:

Primary Phone:

Primary Fax:

D: Institution Merge/Split Addresses: (Use the same institution (A & B) as in Section B.)

Institution A Name:

Institution A Address:

Institution A Phone: Web: Email:

Institution B Name:

Institution B Address:

Institution B Phone: Web: Email:

E. Federal Identification Numbers: (**DO NOT WRITE SOCIAL SECURITY NUMBERS ON THIS FORM**. If you use a Social Security Number for your Taxpayer Identification Number, **DO NOT WRITE IT ON THIS FORM**, instead write "Using SSN" in the U.S. Employer ID# (Federal Tax ID#):

Does your institution receive grant funding from ODE (not through the district): ☐ Yes or ☐ No

If Yes, I certify that:

☐ I have updated our name with the IRS and Oregon Secretary of State (if applicable).

☐ I have sent an updated [W9](#) via Secure File Transfer to billing@ode.oregon.gov with a copy of this form.

☐ My U.S. Employer ID# (Federal Tax ID#) is: **(NO SS#s)**

☐ I receive Federal Funds and my Unique Entity Identifier from SAM.gov is: **(NO SS#s)**

F. Institution Administrator Information:

☐ District Superintendent ☐ School Principal ☐ Head Administrator or Director

Name:

Phone: Email:

G. Effective Date: (For grade changes, please type in the date the grade change will be going/ went into effect.)

Open Date: 08/31/2026 and/or Close Date: and/or Split/Merge Date:

H. Grade Range Offered: (If splitting/merging, this is the single institution that the two are splitting from/merging into.)

Low: High: ☐ PreK ☐ Elementary ☐ Jr. High ☐ Middle ☐ High ☐ District

I. Splitting/Merging/Change Grade Range Offered: (These are the two institutions that the single institution is splitting into or merging from. Use the same institution # (1 and 2) as in Section B. For grade level requests, give the current in Inst. A and change to in Inst. B. Provide a number value in the "Low" and "High" fields and select the appropriate grade range box.)

Inst. A: Low: Kindergarten High: 6th ☒ Elementary ☐ Jr. High ☐ Middle ☐ High ☐ District

Inst. B: Low: High: ☐ Elementary ☐ Jr. High ☐ Middle ☐ High ☐ District

J. Administrative/Fiscal Parent:

Administration Parent:

(The entity responsible for your operation. For public schools, this is a district or an ESD. For private schools or programs, there is no ID, and for ODE contracted programs, there is a state operated ID number. For YDD sites, that are not Jurisdictional leads, list the parent YDD site here.)

Institution Name: ID#:

Fiscal Parent:

(The entity which receives state funding on your behalf. Charter and private schools may be their own fiscal agents.)

Institution Name: ID#:

K. Electronic Grants Management System (EGMS) and YDD Administration:

Fiscal Agent Name:

Email: Telephone:

Business Manager (if different) Name:

Email: Telephone:

Please submit your W-9 form and the EGMS Access Request Form to ode.EGMS@ode.oregon.gov at the time of submitting this request to be set up in the State's payment system for EGMS Only (Not Required for YDD).

L. Child Nutrition Programs:

☐ Sponsor ☐ Site (May check both if applicable)

Sponsor Name:

Site Name:

CNP Sponsor Agreement Number*:

CNP Site Number*:

Programs: (Check all that apply) ☐ SNP

☐ CACFP

☐ SFSP

*These numbers can be found in [CNPweb](#).

M. YDD Programs:

Administration:

Governance Type:

☐ DM Jurisdictional Lead

☐ City Government

☐ Committee

☐ Tribal Agency

☐ School District

☐ County Agency

☐ School District

☐ Service Provider

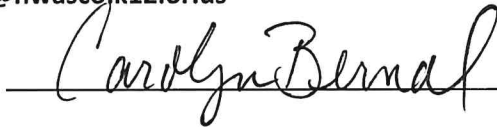
☐ State Agency

N. Submitted By: (A **physical** signature is required.)

Name: Dr. Carolyn Bernal **Title:** North Wasco County School District #21

Email: bernalc@nwasco.k12.or.us

Signature:



Date: 10/19/2026

O. Additional Information: (Optional space to provide further information about the institution request.)

1093 Chenoweth Elementary School – adding 6th Grade Level so that the school will become K-6 beginning on 8/31/2026.

Email Institution Request Forms and other supporting documentation (see page 8 for possible required supporting documentation) required for the request to:
Institutions Specialist

ode.institutions-request@ode.oregon.gov

School Year:	2026-27
District Name:	North Wasco County SD #21
District ID:	4131
Change Type:	Grade Level Change

Chenoweth Elementary School is adding a 6th grade level beginning
8/31/2026

List the Institution that is changing first. Then, list any institutions that will have an **enrollment change** directly affected from this institution change, e.g. surrounding schools not being changed but that are gaining or losing enrollment in response to the change being requested. (If you are requesting changes to more than one institution within your district, you may list them all here.)

When listing the "projected" number of students in or out, list only the number affected by the change requested; Do not list the number of students who would have normally left had the change not been made (e.g. students advancing to a grade not offered by the school).

[illegible]

This form must be submitted with an Institution Request Form:

New School Status

The calculations above can help you determine if this change will qualify your district for "new school status" for report card and accountability determinations. If this change does qualify your district for a "new school status", you may want to complete a New School Status request in May of the year that the change goes into effect. For more information, view:

http://www.oregon.gov/ode/schools-and-districts/Documents/boundary_change_calculator_new_instid.pdf

InstID	School Name	Method 1 Enrollment Change	Method 2 Enrollment Change	Method 3 Enrollment Change	Criteria Met for New School Status
1093	Chenoweth Elementary School	-4.2%	4.1%	2.0%	NO
1100	The Dalles Middle School	-0.9%	0.0%	1.5%	NO

Method 1 A school has more than 40% volume change in this year's membership compared to the prior year's membership.

Method 2 40% or more of this year's membership are new to the school due to the institution change.

Method 3 The combined count of students reassigned to and from the school due to this institution change exceeds 40% of the combined membership over the two year period.