

## Oregon Department of Education

Accountability Reporting

255 Capitol Street NE

Salem, Oregon 97310

[ode.institutions-request@ode.oregon.gov](mailto: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 C](#) 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](mailto: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.

**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](#) & [Appendix B](#)

- ☐ 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](#) & [Appendix B](#)

- ☐ 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](#) & [Appendix B](#)

- ☐ 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 B](#) (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 B](#))

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

- ☐ Directory/Staff Changes

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

- ☐ 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](#).)

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

Current Name (Doing business as):

New Name (Doing Business as): **Columbia Vista Intermediate**

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):

251 Grant Street, Umatilla, OR 97882-0046

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

251 Grant Street, Umatilla, OR 97882-0046

County: Umatilla

Primary web address: [www.umatilla.k12.or.us](http://www.umatilla.k12.or.us)

Primary email address: [sipeh@umatillasd.org](mailto:sipeh@umatillasd.org)

Primary Phone: 5419226501

Primary Fax: 5419226507

**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:** (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#): field.)

U.S. Employer ID# (Federal Tax ID#): 93-6000933

**F. Institution Administrator Information:**

☒ District Superintendent      ☒ School Principal      ☐ Head Administrator or Director

Name: Superintendent: Heidi Sipe Principal: Tim Young

Phone: 5419226500 Email: Superintendent: [sipeh@umatillasd.org](mailto:sipeh@umatillasd.org) Principal: [youngt@umatillasd.org](mailto:youngt@umatillasd.org)

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

Open Date: August 2025 (anticipated) 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: 4 High: 6 ☐ 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:      High:      ☐ 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:** Umatilla County School District #6R    ID#: 2204

**Fiscal Parent:**

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

**Institution Name:** Umatilla County School District #6R    ID#: 2204

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

**Fiscal Agent Name:** Kim Gilsdorf

**Email:** [gilsdorfk@umatillasd.org](mailto:gilsdorfk@umatillasd.org)

**Telephone:** 5419663125

**Business Manager (if different) Name:** same as above

**Email:**

**Telephone:**

Please submit your W-9 form and the EGMS Access Request Form to [ode.EGMS@ode.oregon.gov](mailto: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: Umatilla School District Intermediate**

**Site Name: Columbia Vista**

**CNP Sponsor Agreement Number\*: 3021002 number yet**

**CNP Site Number\*: New School, no site**

**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: Heidi Sipe Title: Superintendent**

**Email: [sipeh@umatillasd.org](mailto:sipeh@umatillasd.org)**

**Signature:**



**Date: 4/14/2025**

**O. Additional Information:** (Optional space to provide further information about the institution request or if you are requesting a New EGMS Only request, list the grant that you have received and/or the staff member at ODE with whom you are working.)

**Email Institution Request Forms and other supporting documentation (see page 9 for possible required supporting documentation) required for the request to:**

Institutions Specialist

[ode.institutions-request@ode.oregon.gov](mailto:ode.institutions-request@ode.oregon.gov)

## Appendix A: Directory Update Worksheet

Directions: Identify the school year at the top of the page. Always fill in the name of the institution and the institution ID number for the institution being updated. **Fill in only what needs to be updated – the only required position is the Superintendent or Principal, the rest are optional.** Submit one Staff Name per title. If more than one name is listed, only the first name will be entered. Only the titles and numbers listed will be updated. If you add a title that is not on the list, it will not be included. Copy and paste the School Section to make multiple submissions as needed. Email the completed form back to ODE at [ode.institutions-request@ode.oregon.gov](mailto:ode.institutions-request@ode.oregon.gov). For staff that need to be removed, please submit these names in the body of your email. Please view the staff currently associated with your institution on the [Institution Lookup Tool](#) prior to submitting.

<b>School District/ESD:</b>			
School District Name (Current Name)			
School District ID			
*Phone (area code + number)			
*Fax (area code + number)			
*Main email			
*Internet address			
<b>Institutions Database Code &amp; Titles</b>	<b>Staff Name</b>	<b>Phone Number</b>	<b>Email</b>
*100 Superintendent			
150 Service Ctr. Admin. – ESDs only			
200 Deputy Superintendent <i>OR</i>			
300 Assistant Superintendent			
350 Deputy Clerk			
400 Administrative Assistant			
500 Business Manager			
600 Human Resources/Personnel			
700 Communications			
750 Curriculum			
800 Instruction			
900 Special Education			
1000 Career and Technical Education			
1100 Assessment			
1200 Special Services			
1300 Technology			
1400 Media/Library			
1500 Activities			
1600 Child Nutrition			
1700 Transportation			
1800 Safety			
1900 Facilities			
<b>School:</b>			
School Name (Current Name)			
School ID			
*Phone			
*Fax			
*Main email			
<b>Inst. Code &amp; Title – choose one</b>	<b>Staff Name</b>	<b>Phone Number</b>	<b>Email</b>
*100 Principal			
100 Interim Principal			
100 Head Teacher			
100 Director			

\*Required for all K-12 public schools. Other positions are entirely optional and may be excluded.

## Appendix B: Information Worksheet

All questions relevant to the institution request should be addressed.

### Physical Location:

Is the entity physically located within the existing school district boundary? If no, explain the circumstances.

- Yes

Is the entity located within the same physical facility occupied by other schools or programs within the district boundary? If yes, explain the situation.

- No

### Enrollment Process:

Can any student within the district enroll in the entity by personal choice when grade levels offered at the entity match a student's grade level?

- Yes

Is there a separate student intake procedure/process than for a regular school? Explain.

- No

Who determines which students attend the entity? Explain.

- All are welcome (grades 4-6, resident students)

Do students, who are enrolled in the entity, remain members of the school that referred them?

- Yes

Will the institution enroll students from outside of the responsible district? (Open Enrollment? Interdistrict Transfer?)

- Interdistrict Transfer agreements allowed per policy

Do all students enroll on a part-time basis?

- no

### Curriculum:

Will the curriculum be comprehensive (Does it offer all courses necessary to allow students at all grade levels to complete all state and district requirements for graduation as per Oregon state statute and administrative regulation: Division 22)? If yes, provide the school year course catalog and master schedule.

- Yes. Master schedule under final development, however, it is expected to aligned to the current McNary Heights Elementary master schedule. All curriculum will transfer from the schools being reorganized (4-5 will come from McNary Heights and remain the same, 6<sup>th</sup> will come from Clara Brownell Middle and remain the same).

Does the entity offer supplemental course work offered to students who attend classes at a non-district entity or another school/program within the district's physical boundary? Explain the situation.

- no

Are all courses offered and taught by district staff at the entity's physical location? Explain the situation.

Which entity issues grades to students?

- yes

Will the entity offer online courses from an entity with which there is a contract or agreement with the district to supplement the district's curriculum offerings or provide the entire curriculum? If yes, explain in detail the arrangement.

- no

If online courses are offered, which vendor/s will be used?

- n/a

**Diploma:**

Will the entity issue a regular diploma indicating students have successfully completed all state and district graduation requirements offered by the entity?

- n/a

**Student Population:**

Is the student population changing to or from other school district or non-school district schools or programs? Explain.

- Yes, 4-5<sup>th</sup> grade students will no longer be served at McNary Heights and 6<sup>th</sup> grade will no longer be served at Clara Brownell. Those students will instead come to Columbia Vista Intermediate.

**Staffing:**

Will the entity have a full time principal/administrator or share administrator duties between multiple locations and/or teaching entities? What is the arrangement?

- No

Is the principal/administrator certified for this responsibility with the Teachers Standards Practice Commission (TSPC)?

- Yes

Is the entity's staff currently teaching at the entity? Explain the situation.

- Staff are transitioning from McNary Heights and Clara Brownell (and/or being newly hired) for Columbia Vista Intermediate.

Is the entity's staff changing teaching assignments from previous assignments? If so, to what extent. Explain.

- No, some staff may change grade levels but all are licensed to do so.

Are all teaching staff licensed by TSPC to teach the curriculum they are assigned to teach?

- Yes

Who evaluates teaching staff?

- Principal

Whose staff meetings do teaching staff attend?

- Their own, at Columbia Vista Intermediate.



## Appendix C: Institution Request Requirements Matrices

An "X" indicates that the document is required for approval. When submitting a change to the IDAT, supporting documentation is often necessary. These matrices outline the documentation/process required for approval of the requested change in the ODE's Institutions Database. Please follow these matrices to know which items are required for each type of change. IDAT and DGC approval occur within ODE after the required documentation has been submitted.

<b>Schools, School Districts/ESDs and Other Organizations</b>									
Documents and Approvals	New ODE ID Number	New Private School (Reg. or Alt.)	Name Change	Street Address Change	Grade Level Change	Institution Mergers/Splits	Closure	Type Change	EGMS Only
Institution Request Form	X	X	X	X	X	X	X	X	X
Official Board Minutes	X	X	X	X	X	X	X	X	--
Enrollment Calculator	X	--	--	--	X	X	--	X	--
Information Worksheet	X	X	--	--	X	X	--	X	--
State School Fund Coordinator Notification (Small School Correction)	X	--	--	--	X	X	X	--	--

<b>Charter Schools</b>								
Documents and Approvals	ODE ID Number	Name Change	Street Address Change	Fiscal Agent Change	Grade Change	Closure	Type Change	
School Application OAR 581-026-0050(1)	X	--	--	--	--	--	--	--
Charter Contract or Contract Amendment ORS 338.035 (2)(a)(C)	X	X	X	X	X	--	--	--
EIN Document ORS 338.035(2)(a)(C)	X	--	--	--	--	--	--	--
All annual reports on file at ODE ORS 338.095(2)	--	X	X	X	X	X	X	
All municipal audits on file at ODE ORS 338.095 (3)	--	X	X	X	X	X	X	
Institution Request Form	X	X	X	X	X	X	X	
Charter School Board Minutes	--	--	--	--	--	X	--	
Enrollment Calculator	X	--	X	--	X	--	--	
State School Fund Coordinator Notification (Small School Correction)	X	--	--	--	--	X	--	

<b>YCEPs, JDEPs, HOSPITALs, and LTCTs</b>								
Documents and Approvals	New ODE ID Number	Name Change	Street Address Change	Grade Level Change	Institution Mergers	Institution Splits	Closure	Type Change
Needed in Contract or Contract Amendment	X	X	X	--	X	X	--	--
Service Plan or Written Notice	--	--	X	LTCT Only	YCEP/ JDEP	--	X	--
Institution Request Form	X	X	X	X	X	X	X	X

