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, N, O,)

☐ Directory/Staff Changes
Complete sections: All information above, A, N, O

☐ Child Nutrition Program
Compete sections: All information above, A, C, E, F, G*, H, K**, L, N, O

☐ New YDD Data Manager (YDD – Only) Institution
Compete 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): 3129

Current Name (Doing business as): NORCOR JDEP
New Name (Doing Business as): Phoenix Academy
Current Legal Name (Name that is on contract, charter, IRS documentation—if different from above): NORCOR Education Detention Center
New Legal Name (Name that is on contract, charter, IRS documentation—if different from above): Phoenix Academy

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

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: 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: 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: 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:

☐DM Jurisdictional Lead
☐School District

Governance Type:

☐City Government
☐County Agency
☐Service Provider
☐Committee
☐School District
☐State Agency
☐Tribal Agency

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

Name: Donna Sholtis Title: Principal

Email: sholtisd@nwasco.k12.or.us

Signature: Mrs. D Sholtis **Date:** 8/14/26

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