NOTIFICATION OF INTENT TO HOME SCHOOL

Clackamas Education Service District
Home School
13455 SE 97th Ave, Clackamas, OR 97015
(503) 675-4031

*FORWARD **ALL** COPIES TO CLACKAMAS ESD AT THE ADDRESS SHOWN FOR VALIDATION. A VALIDATED COPY WILL BE SENT TO YOU FOR YOUR RECORDS.*

This form is designed to satisfy the "Notification" requirements as set forth in OAR 581-21-0026(4). Refer to Oregon Administrative Rules.

1. School Year: _____

2. Name of Child: _____
First Middle Last

3. Grade:* _____ 4. Date of Birth: _____ 5. Male: ___ 6. Female: ___

**(If no grade is indicated, a grade for this student will be assigned based on standard age/grade tables)*

7. Name of Parents/Guardians: _____

8. Mailing Address: _____
City Zip

9. Street Address: _____
City Zip

10. Telephone Number/Email Address: _____

11. Current Resident School District: _____

12. School Last Attended: _____ 13. Date Withdrawn: _____ 14. State (if not Oregon) ____

OPTIONAL:

15. Is your child presently on an IEP? Yes _____ No _____

16. Is your child receiving or eligible to receive Special Education services from a public school? Yes _____ No _____

I am providing the above information to the Clackamas ESD to supply notification that the above named child will receive home instruction as per OAR 581-021-0026. I understand that this notice must be filed with the Clackamas ESD within ten calendar days of withdrawing the above named child from school. I understand this information will be provided to the resident district.

17. Signature of Parents / Legal Guardians: _____

18. Date: _____

NOTE: **Please notify Clackamas ESD if your child returns to public or private school or if you move out of your current school district.**

TO BE COMPLETED BY CLACKAMAS ESD ONLY

___ **The Clackamas ESD Superintendent acknowledges receipt of your notification of intent to home school.**

17. Date Notification Received: _____

_____
Clackamas Education Service District Representative

[New □ Re-enroll □ DMV □]

7/07