



Southern Oregon Education Service District
2018 – 2019 School Year HOME SCHOOL NOTIFICATION
 (541) 776-6764 or (800) 636-7450

Fill out all non-optional areas of this form, sign and date. **No faxes or scanned copies. Return originally signed form to:**
 Southern Oregon ESD • Home Schooling Office • 101 N. Grape Street • Medford, Oregon 97501

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1 **PARENT(S) and / or GUARDIAN(S) INFORMATION:**

Parents / Legal Guardians including spouses or partners in same household _____ Phone: () _____
 (optional)

Mailing Address _____ If PO Box must also give home address → Home Address if different from mailing address _____

City _____, OR _____ Zip _____ Email: _____
 (optional)

Resident School District where student lives: _____

*"Share information with this person." (optional)
 (example: relative(s) or support person who is helping)*

2 → **NOTE: Only register students who are 6 years old or older on or before September 1, 2018.**

Student's <u>Full Legal</u> Name	Gender	Birth Date Month / Day / Year	Current Age	Fall 2018 Grade Level	Name of Last School including virtual schools
1)		/ /			
2)		/ /			
3)		/ /			
4)		/ /			

3 **IMPORTANT: (Must check one)** →

"I intend to educate the above student(s) at home."
 Please check your relationship to the student(s).

Parent(s)
 Custodial parent(s)
 Legal guardian(s)

Signatures:

I understand that it is my responsibility to provide all instructional materials and that there is no high school credit awarded nor diploma for home school instruction unless approved by my resident school district.

 Signature of Parent / Legal Guardian Signature of Parent / Legal Guardian Must be dated by Signature Parent(s) only

Serving Jackson, Josephine & Klamath Counties

For ESD office use only. To be completed upon receipt of notification and a copy sent to parent(s) / guardian(s).

On behalf of the SOESD Superintendent, we acknowledge receipt of your notice to home school. If you have questions about home schooling that were not answered in the information you received with your notification form, please call our office at 541-776-8590.

Received by: _____ Date Received: _____
 Authorized ESD Representative