

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

<b>1</b>	<b><u>PARENT(S) and / or GUARDIAN(S) INFORMATION:</u></b>								
<table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border: none;">                 _____                  Parents / Legal Guardians including spouses or partners in same household             </td> <td style="width: 40%; border: none;">                 Phone: (    ) _____  <span style="float: right;"><i>(optional)</i></span> </td> </tr> <tr> <td style="border: none;">                 _____                  Mailing Address <span style="margin-left: 20px;"><i>If PO Box must also give home address</i></span> →             </td> <td style="border: none;">                 _____                  Home Address if different from mailing address             </td> </tr> <tr> <td style="border: none;">                 _____, OR _____                  City <span style="margin-left: 150px;">Zip</span> </td> <td style="border: none;">                 Email: _____  <span style="float: right;"><i>(optional)</i></span> </td> </tr> <tr> <td style="border: none;">                 _____                  Resident School District where student lives:             </td> <td style="border: none;">                 _____  <i>"Share information with this person." (optional)</i>  <i>(example: relative(s) or support person who is helping)</i> </td> </tr> </table>		_____ Parents / Legal Guardians including spouses or partners in same household	Phone: (    ) _____ <span style="float: right;"><i>(optional)</i></span>	_____ Mailing Address <span style="margin-left: 20px;"><i>If PO Box must also give home address</i></span> →	_____ Home Address if different from mailing address	_____, OR _____ City <span style="margin-left: 150px;">Zip</span>	Email: _____ <span style="float: right;"><i>(optional)</i></span>	_____ Resident School District where student lives:	_____ <i>"Share information with this person." (optional)</i> <i>(example: relative(s) or support person who is helping)</i>
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<b>2</b>	<b>➔ NOTE: Only register students who are <u>6 years old or older on or before September 1, 2019.</u></b>																														
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">Student's <u>Full Legal</u> Name</th> <th style="width: 10%;">Gender</th> <th style="width: 15%;">Birth Date <small>Month / Day / Year</small></th> <th style="width: 10%;">Current Age</th> <th style="width: 10%;">Fall 2019 Grade Level</th> <th style="width: 30%;">Name of Last School including virtual schools</th> </tr> </thead> <tbody> <tr><td>1)</td><td></td><td style="text-align: center;">/ /</td><td></td><td></td><td></td></tr> <tr><td>2)</td><td></td><td style="text-align: center;">/ /</td><td></td><td></td><td></td></tr> <tr><td>3)</td><td></td><td style="text-align: center;">/ /</td><td></td><td></td><td></td></tr> <tr><td>4)</td><td></td><td style="text-align: center;">/ /</td><td></td><td></td><td></td></tr> </tbody> </table>	Student's <u>Full Legal</u> Name	Gender	Birth Date <small>Month / Day / Year</small>	Current Age	Fall 2019 Grade Level	Name of Last School including virtual schools	1)		/ /				2)		/ /				3)		/ /				4)		/ /			
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<b>3</b>	<b><u>IMPORTANT: (Must check one)</u></b> ➔	<input type="checkbox"/> Parent(s) <input type="checkbox"/> Custodial parent(s) <input type="checkbox"/> Legal guardian(s)
	"I intend to educate the above student(s) at home." Please check your relationship to the student(s).	

**Signatures:**

✓  I understand that it is my responsibility to provide all instructional materials and 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: _____ <span style="float: right;"><i>Authorized ESD Representative</i></span>	Date Received: _____
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