

Clackamas Education Service District Home School Program

13455 SE 97th Ave., Clackamas, OR 97015 Ph: 503-675-4031 • Fax: 503-675-4208

> Email: jsang@clackesd.org www.clackesd.org

HOME SCHOOL NOTIFICATION

This form is designed to satisfy notification requirements as set forth in OAR 581-021-0026 (1)(f).

			Prov	ıae	an required i	niormation.	
I. PARENT/GU	J ARDIAN IN	FORMA	TION				
Name(s)							
Mailing Address				Cit	y / State	Zip	
Street Address (if different)					Cit	y / State	Zip
Home Phone Day Phone				Em	nail		
If applicable, l	ist name and r	elationshi	p of other person((s) v	with whom in	formation may be shar	red
law requires edication, unless Do not relinformatical Behind la By Oregon law,	will not discleducation services the parent speeds my second on that may be sw (section 9528 both parents (v	ose persona districts t ecifically of dary student released to 8), Nationa	ally identifiable info to provide, upon re pts out. It's directory inform these individuals/in I Defense Authoriza tried, separated, or o	atio stit ation	on to military routions includes n Act (P.L. Noorced) have acc	directory information by ecruiters and/or institution student name, address, a. 107-107)).	authorization or as provided by law. Federa a military recruiter or institution of higher ns of higher education. I understand that the und telephone listing. (Ref. No Child Left under the who is under 18 unless the district is
☐ There are re	estrictions on the	ne release on a copy of	of student information	n te	o non-custodia	cument that specifically r l parent/guardian(s). ent restricting release	evokes tilese rights.
III. STUDENT INFORMATION First Name Middle name				Last Name		Legal Name (if different)	
Date of Birth School year are registering		•	for		Gender *Previously home sc year student was at h		hooled? – please list the last school
Resident School	ol District	*Reside	nt Public School	٦	Last School	Attended	*Last Date of School Attendance
*Student has a	n identified le	arnina die	ability D Vac		П No	*Student has a currer	t DIED DIDD

IV. AUTHORIZATION

*Optional information

As required by ORS 339.035 I am providing information to Clackamas Education Service District stating my intent to home school the above named child. I understand that this notice must be filed with the ESD within ten calendar days of withdrawing the above named child from school, and that this information will be provided to the resident school district by the ESD. I understand that the above named child needs to complete standardized achievement testing at applicable dates per ORS 339.035, and that Clackamas ESD requests test results from all home schooled students. I understand that home school parents have the full responsibility for their student's education, including all curriculum choices and record keeping. Clackamas ESD is not able to provide curriculum, books, or materials, and is not involved in the direct education of home school students. Clackamas ESD is not involved in reviewing, approving, or monitoring a home school student's education, beyond receiving required test results. No credits, transcripts, or diplomas are issued by Clackamas ESD for home school students.

^All students must have an assigned grade level for testing purposes – if blank, one will be assigned based on standard age/grade tables

Signature of Parent(s)/Legal Guardian	a(s)
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Date

Mail signed, completed form to: Clackamas ESD Home School Program, 13455 SE 97th Ave., Clackamas, OR 97015. You will receive an acknowledgement letter within 90 days of Clackamas ESD's receipt of this notification. This acknowledgement letter will serve as a request for required test scores.

Date received:	Received by:	SIS: