

NOTIFICATION OF INTENT TO HOMESCHOOL

Jefferson County Education Service District
Home School Office
295 SE Buff Street
Madras, OR 97741
(541) 475-2804

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

Student's Name:

Please Print: _____
Last First Middle

Grade:* _____ Date of Birth: _____ Male: _____ Female: _____
**(If no grade is indicated, a grade for this student will be assigned based on standard age/grade tables.)*

Parent/Guardians: _____

Mailing Address: _____

Street Address if different: _____

Telephone Number/Email Address: _____

OPTIONAL:

Current Resident School District: _____

School Last Attended: _____ Date Withdrawn: _____ State: _____

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

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 Jefferson County ESD to supply notification that the above named child will receive home instruction as per OAR 581-21-0026. I understand that this notice must be filed with the Jefferson County ESD within ten calendar days of withdrawing the above named child from school. I understand this information will be provided to the resident district.

Signature of Parents/Legal Guardians:

Date:

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

TO BE COMPLETED BY JEFFERSON COUNTY ESD ONLY

_____ Notification received from parent/guardian

_____ Notification acknowledgment sent to parent/guardian

_____ Test administered for Grade 3 _____ Grade 5 _____ Grade 8 _____ Grade 10 _____

New _____ Renewal _____ DMV _____

Jefferson County ESD Representative