

NOTIFICATION OF INTENT TO HOMESCHOOL

High Desert Education Service District
Home School Office
2804 SW 6th Street
Redmond, OR 97756
(541) 693-5656

FORWARD THIS TO THE HIGH DESERT ESD
AT THE ADDRESS SHOWN FOR VALIDATION.
A SIGNED COPY WILL BE RETURNED TO YOU.
*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): _____
First Middle Last

Gender: Male Female Non-binary Prefer not to answer

Grade Level: _____ Date of Birth: _____

Parent(s)/Guardian(s): _____

Mailing Address: _____

Street Address (if different): _____

Phone 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School Last Attended: _____ Date Withdrawn: _____ State: _____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 High Desert 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 High Desert ESD within ten calendar days of withdrawing the above named child from school. I understand this information will be provided to the resident district in which I reside.

Signature of Parents/Legal Guardians: _____ Date: _____

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

TO BE COMPLETED BY HIGH DESERT 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

High Desert ESD Representative