

HOME SCHOOL NOTIFICATION

Coos, Curry and Western Douglas Counties

DATE OF NOTIFICATION: _____

RETURN TO:

Home Schooling Office
South Coast ESD

1350 Teakwood Ave.
Coos Bay, OR 97420
Phone: 541-266-3951
Fax: 541-266-4040

or

Home Schooling Office
South Coast ESD-Branch Office

P.O. Box 786
Gold Beach, OR 97444
Phone: 541-247-6681
Fax: 541-247-2603

FROM: Parent or Guardian Name: _____

Residence Address: _____ Phone: _____

Email address: _____

City: _____ Zip: _____

Mailing Address (if different): _____

Name of Resident School/District: _____

Student(s) is/are currently receiving special education services: Yes No

I intend to educate the following student(s) at home. My relationship is: Parent

Guardian

Student's Full Legal Name	M/F	Birthdate	Age	Has child ever attended private/ public school? If so, what year(s)?	Current Grade Level
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No Year(s) _____	_____
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No Year(s) _____	_____
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No Year(s) _____	_____
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No Year(s) _____	_____

I understand that it is my responsibility to provide all instructional materials.

Signature of Parent/Guardian: _____ Date: _____

PARENTS: WE WILL ACKNOWLEDGE RECEIPT AND RETURN A COPY FOR YOUR RECORDS

(FOR OFFICE USE ONLY)
ACKNOWLEDGEMENT OF RECEIPT

Date received at ESD: _____

Initials: _____