

## 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: \_\_\_\_\_