



Clackamas Education SERVICE DISTRICT

**Clackamas Education Service District
Home School Program**
13455 SE 97th Ave., Clackamas, OR 97015
Ph: 503-675-4031 · Fax: 503-675-4200
Email: jsang@clackesd.org
www.clackesd.org/homeschool

HOME SCHOOL NOTIFICATION

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

Provide all required information.

I. PARENT/GUARDIAN INFORMATION

Name(s)		
Mailing Address	City / State	Zip
Street Address (if different)	City / State	Zip
Home Phone	Day Phone	Email
If applicable, list name and relationship of other person(s) with whom information may be shared		

II. RELEASE OF STUDENT INFORMATION

Clackamas ESD will not disclose personally identifiable information without parent or eligible student authorization or as provided by law. Federal law requires education service districts to provide, upon request, access to directory information by a military recruiter or institution of higher education, unless the parent specifically opts out.

- Do not release my secondary student's directory information to military recruiters and/or institutions of higher education. I understand that the information that may be released to these individuals/institutions includes student name, address, and telephone listing. (Ref. No Child Left Behind law (section 9528), National Defense Authorization Act (P.L. No. 107-107)).

By Oregon law, both parents (whether married, separated, or divorced) have access to the records of a student who is under 18 unless the district is provided evidence that there is a court order, state statute, or legally binding document that specifically revokes these rights.

- There are restrictions on the release of student information to non-custodial parent/guardian(s).
If checked you must attach a copy of the court order or other legal document restricting release

III. STUDENT INFORMATION

First Name		Middle name	Last Name		Legal Name (if different)
Date of Birth	School year you are registering for	*^Grade Level	*Gender <input type="checkbox"/> M <input type="checkbox"/> F	*Previously home schooled? – please list the last school year student was at home	
Resident School District	*Resident Public School	Last School Attended		*Last Date of School Attendance	
*Student has an identified learning disability <input type="checkbox"/> Yes <input type="checkbox"/> No			*Student has a current <input type="checkbox"/> IEP <input type="checkbox"/> PDP		

*Optional information

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

IV. AUTHORIZATION

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.

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

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:
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