

RETURN TO: Douglas Education Service District
 Attn: Kim Rencher
 1409 NE Diamond Lake BLVD
 Roseburg, OR 97470
homeschool@douglasesd.k12.or.us
 PHONE: 541-440-4777, FAX: 541-440-4771



INTENT TO HOME SCHOOL NOTIFICATION FORM

Parent/Legal Guardian Name _____
 Physical Address (Required) _____
 Mailing Address (If different) _____
 Phone _____ Email Address _____
 Resident School District _____

Student's Full Legal Name	Gender	Date of Birth	Grade	Last School Attended/Currently Attending	Date Student was Withdrawn from School	Eligible for Special Education Services (Optional)

***Optional** "Eligible for Special Education Services" means that a student(s) meet the eligibility criteria for his/her specific handicapping condition as set for in the OAR 581-015-0051 and has been identified as having a disability by the public school. The public school can advise you whether your students has been certified as eligible for special education services under this rule. Additional information and documents regarding home schooling students with disabilities are available on the Douglas ESD Website.

As required by ORS339.035, I am providing information to the Douglas Education Services District stating my intent to home school the above named student(s). I under this notice must be filed with Douglas ESD withing 10 calendar days of withdrawing the above-named student(s) from school, and that the information will be provided to the resident district by Douglas ESD. I understand that the above-named student(s) need to complete a standardized achievement test at the required grade level, per ORS 339.035. Please refer to the Douglas ESD Home School Guidelines for further information regarding compliance.

Please indicate your relationship to the student(s) listed above

Parent Legal Guardian (attach legal documentation)

RELEASE OF INFORMATION

The Family Educational Rights and Privacy Act (FERPA) is included as part of this form.

**Online Release of Information form includes FERPA below*

**Hard copy Release of Information form includes FERPA attachment*

I give permission I do not give permission: for Douglas Education Services District to release "directory information" to the public upon request. I understand that "directory information" includes student name, address, and date of birth.

I give permission I do not give permission: for Douglas Education Services District to release my secondary student's information to military recruiters and/or institutions of higher education. I understand that the information may be released to these individuals/institutions includes student name, address, and date of birth.

 Parent/Guardian Signature

 Date

You will receive an acknowledgement letter within 90 days of Douglas Education Service District's receipt of registration form(s).

For Douglas ESD use only.

DESD FILE #: _____

Date Received: _____ District Name: _____

Sup't: _____