



**2011-2012 School Year
HOME SCHOOL NOTIFICATION
Jackson, Josephine and Klamath Counties**

PARENT(S)/GUARDIAN(S) INFORMATION:

Name: _____ **Name:** _____
Other person with whom information may be shared

Mailing Address: _____

_____ **OR** _____
City Zip Phone (optional)

Residence Address (*If different*): _____

Name of Resident School District: _____

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

STUDENT INFORMATION:

Student's <u>Full Legal Name</u>	Gender	Birth Date	Age	Fall 2011 Grade Level	Name of Last School

I understand that it is my responsibility to provide all instructional materials and that there is no high school credit awarded for home school instruction unless approved by my resident school district.

Signature of Parent/Legal Guardian: Signature of Parent/Legal Guardian: Date:

Return completed form to:

**Southern Oregon Education Service District
Home Schooling Office
101 N. Grape Street
Medford, Oregon 97501
(541)776-6764 or (800) 636-7450**

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For office use only. To be completed upon receipt of notification.

On behalf of the Superintendent, we acknowledge receipt of your notice to home school. If you have questions about home schooling that were not answered in the information you received with your notification form, please call our office.

Received by: _____ Date Received: _____ <p align="center"><i>Authorized ESD Representative</i></p>
