



Lake County Education Service District

357 North L Street • Lakeview, OR 97630
 Phone 541-947-3371 • FAX: 541-947-3373
 Web Site Address: www.lakeesd.k12.or.us

HOME SCHOOL REGISTRATION FORM

PARENT/LEGAL GUARDIAN INFORMATION

PARENT/GUARDIAN NAME		ADDRESS (MAILING)
CITY	ZIP CODE	PHONE (OPTIONAL)
EMAIL (OPTIONAL)		SCHOOL DISTRICT IN WHICH YOU RESIDE

I intend to educate the following child(ren) at home. My relationship is: _____ Parent _____ Legal Guardian

I understand that it is my responsibility to provide all instructional materials and that there is no high school credit awarded nor diploma for home school instruction unless approved by my resident school district.

_____ Date _____

SIGNATURE OF PARENT/LEGAL GUARDIAN

As required by ORS 339.035, I am providing information to Lake County Education Service District stating my intent to home school the below 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 this information will be provided to the resident school and 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 the Lake County ESD requests test results from all home schooled students.

You will receive an acknowledgement letter within 60 days of the Lake County ESD's receipt of this notification. Sign and return completed form to: **Lake Co. ESD - 357 North L Street - Lakeview, OR 97630**

STUDENT(S) INFORMATION

FULL LEGAL NAME	DATE OF BIRTH	CURRENT GRADE	HOME SCHOOL CO-OP

581-021-0029 Home Schooling for Children with Disabilities

Is your child(ren) currently receiving services on an Individualized Education Plan (IEP)?
 _____ Yes _____ No

NOTE: An Immunization Form must be turned in if your child(ren) will be participating in **five** or more days of school activities per school year.

For office use only: Date received at ESD: _____	By: _____
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