

**COLUMBIA GORGE EDUCATION SERVICE DISTRICT
HOME SCHOOL NOTIFICATION FORM
2015-2016 SCHOOL YEAR**

Return to: Mary Bowen, Executive Secretary mbowen@cgesd.k12.or.us
Columbia Gorge ESD
400 East Scenic Drive, Suite 207, The Dalles, OR 97058

☐ Parent ☐ Guardian _____

Resident Address: _____

City/Zip: _____

Mailing Address (if different than above): _____

Email Address: _____ Phone: _____

School District in which the student(s) resides: _____

Student Information

Full Legal Name	Male/ Female	Birth Date	2015-2016 Grade Level

Public/Private School History:

Student Name	Last School Attended	Last Year Attended	Last Grade Completed

Does your child have an identified learning disability? ☐ Yes ☐ No

Is your child on an IEP? ☐ Yes ☐ No is your child on a PDP? ☐ Yes ☐ No

If yes to any of the above, which child? _____

Do you wish to continue with special education services? ☐ Yes ☐ No

Parent/Guardian Information (if different from above)

Father's Name: _____

Address: _____

Telephone: Day: _____ Evening: _____

Mother's Name: _____

Address: _____

Telephone: Day: _____ Evening: _____

I am providing the above-information to the Columbia Gorge ESD stating my intent to provide the above-named child(ren) with home instruction pursuant to OAR 581-021-0026. I understand this notice must be filed with the Columbia Gorge ESD and that this information will be provided to the resident school and district by the ESD. I understand that the above-named child(ren) need to complete standardized achievement tests at applicable dates as per ORS 339.035. I understand that it is my responsibility to provide all instructional materials.

Signature of Parent/Guardian: _____ Date: _____

Notification Received by: _____ Date: _____