

Home Schooling Notification Form

Wallowa County

Return to:

Wallowa ESD – Region 18 107 SW First Street #105 Enterprise, Oregon 97828

From: (*Required Information)

*Parent/Guardian: _____

*Residence Address: _____

*City: _____ State: _____ Zip: _____

*Resident School District: _____

Mailing Address (if different): _____

City: _____ State: _____ Zip: _____

Parent's Phone Number: _____

Email Address: _____

I would like to receive occasional emails about home school opportunities: Yes ___ No ___

I intend to educate the following student(s) at home. Relationship: Parent ___ Guardian ___

*Student's Full Legal Name	*Birthdate	Grade	Student w/disabilities Yes/No	IEP*/PDP* <small>*Individualized Education Plan * Privately Developed Plan</small>
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*Signature of Parent/Guardian: _____ Date: _____