

**COLUMBIA GORGE EDUCATION SERVICE DISTRICT
HOME SCHOOL NOTIFICATION FORM
2018 - 2019 SCHOOL YEAR**

Return to: Tiffany Yale, Administrative Assistant tyale@cgesd.k12.or.us
Columbia Gorge ESD 541-298-5155
400 East Scenic Drive, Suite 207, The Dalles, OR 97058

Parent Guardian _____
Residence Address: _____
City/Zip: _____

Mailing Address (if different than above): _____
Email Address (optional): _____ Phone: _____
School District in which the student(s) resides: _____

Student Information

Full Legal Name	Male/ Female	Birth Date	2018-2019 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 either 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: _____
Phone Number: _____
Mother's Name: _____
Address: _____
Phone Number: _____

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: _____