



## Notification of Intent to Home School for Marion, Polk, & Yamhill Counties

### STUDENT INFORMATION

|                            |                     |                           |
|----------------------------|---------------------|---------------------------|
| Student Last Name:         | Student First Name: | Student Middle Initial:   |
|                            |                     |                           |
| Legal Name (If Different): | Date of Birth:      | IEP or PDP?               |
|                            |                     |                           |
|                            |                     | Resident School District: |
|                            |                     |                           |

### PARENT/GUARDIAN INFORMATION

|                                                          |                     |
|----------------------------------------------------------|---------------------|
| Parent(s)/Guardian(s) Name(s):                           |                     |
|                                                          |                     |
| Mailing Address:                                         | City, State, & ZIP: |
|                                                          |                     |
| Physical Address: <input type="checkbox"/> Same as above | City, State, & ZIP: |
|                                                          |                     |
| Telephone:                                               | Email Address:      |
|                                                          |                     |

By initialing the sections below I/we understand and acknowledge our responsibility to our student, the responsibility of the Willamette Education Service District (WESD), and the Oregon Administrative Rule ORS 339.035:

\_\_\_\_\_ As required by ORS 339.035, I am providing accurate information to the WESD stating my intent to home school the above-named student.

\_\_\_\_\_ I understand this notice must be filed with the WESD within 10 calendar days of withdrawing the above-named student from school, and that the information will be provided to the resident school district by the WESD.

\_\_\_\_\_ I understand that the above-named student is required to complete a standardized achievement test at the required grade levels 3, 5, 8, and 10, and that the WESD may request test scores at any time. Students with a disability may be exempt from periodic testing, contact Annie Marges (annie.marges@ode.oregon.gov) at the Oregon Department of Education for more information.

\_\_\_\_\_ The WESD handles only home school registration for school districts within the Marion, Polk, and Yamhill Counties. They are not a home school program nor can provide or suggest curriculum or testing materials. This is the responsibility of the parent(s)/guardian(s).

### Signature of Parent/Legal Guardian

### Please return completed form to:

Katie Grauer  
WESD – SIS Department  
2611 Pringle Rd SE  
Salem, OR 97302-1533

Office: 503.540.4423  
katie.grauer@wesd.org

### WESD Office Staff:

\_\_\_\_\_ Student enrolled in database

\_\_\_\_\_ Student already enrolled in database

\_\_\_\_\_ Student not enrolled due to age (under 6)

\_\_\_\_\_ Acknowledgment letter sent

Additional information:

\_\_\_\_\_ WESD staff initials

**Dr. Joe Morelock • Superintendent**

2611 Pringle Rd SE • Salem, Oregon 97302 • 503.588.5300 • [www.wesd.org](http://www.wesd.org)