



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

### STUDENT INFORMATION:

<b>Student Last Name:</b>	<b>Student First Name:</b>	<b>Student Middle Name:</b>	
<b>Legal Name (If Different):</b>	<b>Date of Birth:</b>	<b>Gender:</b>	
<b>Previous School Attended:</b>	<b>Date Withdrawn:</b>	<b>Grade Level:</b>	<b>Public School Name :</b>
<b>Does Student have an identified disability?</b>	<b>IEP? (Special Ed.)</b>	<b>PDP? (Special Ed.)</b>	<b>Resident School District:</b>

### PARENT/GUARDIAN INFORMATION:

<b>Parent(s)/Guardian(s) Name(s):</b>	<b>Email Address:</b>
<b>Mailing Address:</b>	<b>City, State, &amp; ZIP:</b>
<b>Physical Address:</b>	<b>City, State, &amp; ZIP:</b>
<b>Telephone:</b>	<b>Telephone:</b>

As required by ORS 339.035, I am providing information to Willamette Education Service District (WESD) stating my intent to home school the above-named student. I understand this notice must be filed with 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 WESD. I understand that the above-named student needs to complete a standardized achievement test at the required grade levels, per ORS 339.035.

\_\_\_\_\_  
**Signature of Parent/Legal Guardian**

\_\_\_\_\_  
**Date**

Notification Received By:

\_\_\_\_\_  
**WESD Employee**

\_\_\_\_\_  
**Date Received**

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](mailto:katie.grauer@wesd.org)