

HARNEY EDUCATION SERVICE DISTRICT REGION XVII

**HOMESCHOOL OFFICE
25 Fairview Heights Loop
Burns, Oregon 97720
(541) 573-2122**

Parent/Legal Guardian Information

(Please Print)

Mother

Father

Residence Address

Mailing Address if different

City, State, Zip Code

City, State, Zip Code

Telephone Number

Email (Optional)

Student/s Information

All students must have an assigned grade level for testing purposes. Please indicate your child/ren(s) grade level as of September 1 of this current school year, if your child has been identified with a learning disability and/or if your child is currently on an Individualized Education Program (IEP).

Name Last, First, Middle Initial	Date of Birth					Last test date	Education Last School Attended (Name, Location)	Yr.	Learning Disability		
	Month	Date	Year	Gd.	No				Yes	IEP	

I give permission the release of my mailing address to _____ SD # _____ for the purpose of receiving notification of activities available for home schooled students.
(Name of residing school district)

I do not wish to release my mailing address with the residing school district.

Signature of Parent/Legal Guardian

Date

*****To Be Completed By Harney ESD***
(specify date)**

- _____ Request Notification Letter Received
- _____ Notification acknowledgement mailed to parent/guardian
- _____ Notified Residing School District of Intent
(Superintendent/Principal or Rural School Teacher)
- _____ Is student on an IEP? Date School District was notified
- _____ Parent/Guardian allows release of mailing address (Y/N)

Form of Contact		
(Circle One)		
Phone	Mail	In Person
School District		
Crane#4	Crane # 1J	
PineCreek#5	Diamond # 7	
Suntex#10	Drewsey#13	
Frenchglen # 16	Double O #28	
Fields#33	Burns/Hines # 3	