

InterMountain Education Service District

Intent to Home School Notification

** Please fill out one form for each child to be registered**

** Print Clearly**

Return to:

Bianca Bates
Home School Coordinator
InterMountainESD
1604 27th Street
La Grande, OR 97850
Fax (541)966-3240
homeschool@imesd.k12.or.us

Parent/Guardian _____

Physical Address _____

City _____ **State** _____ **Zip** _____

Mailing Address (if different): _____

City _____ **State** _____ **Zip** _____

Phone Number _____

Email Address _____

Name of Resident School District _____

Name of Last Attended School District _____

Has student ever been enrolled in Home District: ___ yes ___ no

My relationship to the student is (please check one): _____ Parent ___ Guardian

Is your child planning to participate interscholastic activities (sports, clubs, others): ___ yes ___ no

(If yes, what activity/which grades? _____

I intend to educate the following student at home pursuant to ORS 339.035:

Student's Full Legal Name _____

Date of Birth _____ **Male** ___ **Female** ___ **Other** ___

Does this student have an IEP (Individual Education Plan) _____ yes ___ no

Does this student require accommodations for Testing _____ yes ___ no

(If yes, what kinds of accommodations):

This accommodation would be determined through an IEP meeting, or a PDP-Privately Developed plan

Signature of Parent/Guardian _____ **Date** _____

Sharing this information with the ESD is an opportunity to better equip the ESD to assist the family as needed.