

2018-2019 SCHOOL YEAR

LANE COUNTY HOME SCHOOL REGISTRATION

www.lesd.k12.or.us/homeschooling/index.html

RETURN TO: Lane Education Service District
 Attn: Michelle Martin
 1200 Highway 99 North
 Eugene, OR 97402

FROM: Parent or Legal Guardian's Name _____
 (Please Print)

Physical Address (required) _____

City/State/Zip _____ Phone (optional) _____

Mailing address (if different) _____

Resident School District _____

Students' Full Name (Please Print)	Gender	Birthdate	Age	Grade	Currently Eligible for Special Ed. Services?*	Last School the Student Attended or is Currently Attending	Month/Year Student was Withdrawn from Public/Private School

* **OPTIONAL** "Eligible for Special Education Services" means that a student(s) meets the eligibility criteria for his or her specific handicapping condition as set forth in OAR 581-015-0051 and has been identified as having a disability by the public school. The public school can advise you whether your student(s) has been certified as eligible for special education services under this rule. Additional information and documents regarding home schooling students with disabilities are available on the Lane ESD website.

Have any of the student(s) listed above ever been registered for home school in Lane County? Please list the most recent school year for each student. _____

The Lane Education Service District by policy releases "directory information" to the public upon request. Federal law requires education service districts to provide, upon request by a military recruiter or institution of higher education, access to names, addresses, and telephone listings of secondary students. If you do not want your student's information released, please complete the attached form and return to us as soon as possible. Failure to submit this completed form may result in the release of the above mentioned information regarding your student(s).

Please indicate your relationship to the student(s) listed above:

Parent _____
 Legal Guardian (attach legal documentation) _____

 Parent/Guardian Signature Date

For ESD use only. Date received: _____ File No. _____ District: _____



HOME SCHOOL Release of Information

Students' Full Name (Please Print)	Male or Female	Birthdate

Parent/Guardian Full Name (please print) _____

Parent/Guardian Current Address _____

- I **do not** want Lane Education Service District to release “directory information” to the public upon request. I understand that “directory information” includes student name, address, telephone listing, date of birth, date(s) of enrollment, and the most recent public school attended. (Ref: Lane ESD Policy JOA)
- I **do not** want Lane Education Service District to release my secondary student’s information to military recruiters and/or institutions of higher education. I understand that the information that may be released to these individuals/institutions includes student name, address, and telephone listing. (Ref: No Child Left Behind Law [Section 9528], National Defense Authorization Act [P.L. No. 107-107])

Parent/Guardian Signature _____ Date _____

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