## North Central Education Service District

PO Box 637 | 135 S. Main Street, Condon OR 97823 Office: 800-450-2732 www.ncesd.k12.or.us



## CONFIDENTIAL

## NOTIFICATION OF INTENT TO HOME SCHOOL GILLIAM, SHERMAN, AND WHEELER COUNTIES

Parent(s)/Legal Guardian(s	s):				
Street Address:					
City, State, Zip:					
Phone:	one: Email Address:				
Resident School District: _					
Student's Full Name	Date Of Birth	Grade Level	Last School Attended	Date Withdrawn	
As required by ORS 339.03. home school the above-nan	5, I am pro ned student ove-named	viding info t. I underst student n	ication Program)?	g my intent to with the NCESD. I	
Signature of Parent/Legal Gu	uardian		<u> </u>	Date	
Notification Received By:					
Totalication received by:	N	ICESD Em	ployee	Date	
Please mail completed form to:		North Cent Nome Scho O Box 63	ool Registrar		
		Condon, O			

**NOTE:** Please notify North Central ESD at 800-450-2732 or mail to kdomenighini@ncesd.k12.or.us if the student is removed from home school or any change of address. Thank you.