

HOME SCHOOL REQUEST FOR STUDENT RECORDS

Forward this form to:

Kim Rencher, Home School Dept.
Douglas ESD
1409 NE Diamond Lake Blvd.
Roseburg, OR 97470
541-440-4754 HomeSchool@douglasesd.k12.or.us

Please allow 7-10 business day for processing.

Today's Date: _____ Student's date of birth: _____

Student's full name: _____

Last school year the student is/was enrolled in home school: _____

Parent's / Guardian's full name: _____

Phone number: _____ Current mailing address: _____

PO Box or Street _____ City _____ State _____ Zip Code _____

Please indicate the record(s) you wish to be forwarded:

- ☐ All test results provided by parent/guardian
- ☐ Copy of intent to home school registration form completed by parent/guardian
- ☐ Copy of intent to home school resident district notification & parent/guardian notification
- ☐ Other _____

I am requesting that Douglas ESD forward copies of the above requested records to:

- ☐ My home mailing address listed above; or
- ☐ Other: _____

Parent's / Guardian's Signature _____

or

Eligible Student's Signature (18 years or older) _____

Date _____