

HOME SCHOOL AFFIDAVIT OF INTENT

STUDENT'S INFORMATION:

Last Name _____ First Name _____ Middle Name _____

Date of Birth _____ **Proof of birth is required according to ARS 15-828.**

Address _____ City _____ Zip Code _____

School District of Residence _____ Home Phone _____

PARENT/CUSTODIAN INFORMATION:

Last Name _____ First Name _____ Middle Name _____

Last Name _____ First Name _____ Middle Name _____

E-Mail _____

I elect to not begin formal education until my child is eight years of age

PLEASE READ AND INITIAL NEXT TO EACH STATEMENT BELOW:

_____ I have included a copy of my child's certified birth certificate (check with your County School Superintendent's office to see if a certified copy is required or if a photocopy is sufficient).

_____ I understand I am responsible to notify the superintendent when I stop home instruction or need to update my child's home school records if the above information is changed.

_____ According to ARS 15-802, I will provide my child with home school instruction in the subjects of reading, grammar, math, social studies and science beginning _____.
(Effective date)

UNDER PENALTY OF LAW, I attest the information provided on this form is true to the best of my knowledge.

PARENT/CUSTODIAN SIGNATURE _____

STATE OF _____

Subscribed and sworn before me this _____ day
Of _____, 20____, by

COUNTY OF _____

NOTARY SEAL

NOTARY PUBLIC

Send the original to your county school superintendent and keep a copy for your records.