

AFFIDAVIT OF INTENT TO HOME SCHOOL

Send notarized original to your county school superintendent. Keep a copy for your records.

STUDENT INFORMATION

Last Name: _____ First Name: _____ Middle Name: _____

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

Address: _____

City: _____, AZ Zip Code: _____

Home Phone: _____

PARENT/GUARDIAN INFORMATION

Last Name: _____ First Name: _____ Middle Name: _____

Last Name: _____ First Name: _____ Middle Name: _____

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 my child's certified birth certificate

_____ I understand that I am responsible to notify the county school superintendent's office 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 at least the subjects of reading, grammar, mathematics, science and social studies.

PRIVACY NOTICE

The undersigned expressly prohibits the release of any and all information contained in this form including directory information as defined in 20 U.S.C. § 1232g (a)(5)(A), without prior written consent by the undersigned. See 20 U.S.C. § 1232g (a)(5)(B) and ARS § 15-141.

Under penalty of law, I attest the information provided on this form is true to the best of my knowledge.

PARENT/GUARDIAN SIGNATURE: _____

STATE OF _____ Subscribed and sworn before me this _____ day

COUNTY OF _____ of _____, 20_____

by _____

NOTARY PUBLIC

NOTARY SEAL