

AFFIDAVIT OF INTENT TO HOME SCHOOL

Student's Last Name First Middle

Date of Birth

Name of Parent(s) or Guardian(s)

School District of Residence

Home Address

Telephone Number

Mailing Address (if different from home address)

I understand that an Affidavit of Intent shall be filed within 30 days from the time the child begins home school instruction and is not required thereafter unless the home school instruction is terminated and then resumed. I understand an original birth certificate or other reliable proof of the child's identity and age according to A.R.S. § 15-828 shall also be filed with the County School Superintendent's Office. The person who has custody of the child shall notify the County School Superintendent within 30 days that the child is no longer being instructed at home. If the home school instruction is resumed, the person who has custody of the child shall file another Affidavit of Intent to Home School with the County School Superintendent within 30 days (A.R.S. § 15-802, Subsection C)

I understand the child must be instructed in at least the subjects of Reading, Grammar, Mathematics, Social Studies and Science.

I understand that testing for children who are being instructed in a home school program is not required. I understand that if the child is instructed at home and resides within the attendance area of a school, participation in interscholastic athletic competition may be possible.

I understand that a child who enrolls in a kindergarten program or grades one through twelve after receiving instruction in a home school program shall be tested pursuant to A.R.S. § 15-745 in order to determine the appropriate grade level for the educational placement of the child.

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.

State of _____ County of _____

Signature of Parent/Guardian

Date

Subscribed and Sworn Before Me This

_____ Day of _____, 20__

After signing and notarizing, return original document to the County School Superintendent's Office at:

Signature of Notary Public

My Commission Expires _____

Pinal County School Superintendent's Office
75 N. Bailey Street
P.O. Box 769
Florence, AZ 85132

****PLEASE ENCLOSE A CERTIFIED COPY BIRTH CERTIFICATE FOR EACH CHILD****