

AFFIDAVIT OF INTENT TO ATTEND PRIVATE SCHOOL

 Student's Last Name First Middle

 Date of Birth _____
 Grade

 Name of Parent(s) or Guardian(s)

 School District of Residence

 Home Address

 Name of Private School

 Mailing Address (if different from home address)

 Address of Private School

 Telephone Number

 Telephone Number

I understand that an Affidavit of Intent shall be filed within 30 days from the time the child begins to attend a private school and is not required thereafter unless the private school instruction is terminated and then resumed. I understand a certified copy of the 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 a private school. If the private school instruction is resumed, the person who has custody of the child shall file another Affidavit of Intent to Attend Private School with the County School Superintendent within 30 days (A.R.S. § 15-802, Subsection C)

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. § 1232 (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 copy to
 the County School Superintendent's Office at:

 Signature of Notary Public

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

My Commission Expires _____