Affidavit of Intent to Home School

Child's Last name	First	Middle	Date of Birth	Grade
Names of Persons Who Have Custody of the Child			Name of Private School Child Attends (if applicable)	
Addresses of the Persons Who Have Custody of Child			Address of Private School (if applicable)	
Mailing Addresses (if different from above)			Public School District of Residence	
Daytime Telephone Number	rs			
is terminated and then resumed. It Superintendent's Office. The perso	understand a certified copy of on who has custody of the chil	the child's birth certificate or other reli d shall notify the County School Super	tend a private school or home school and is not required thereafter unless the private sch able proof of the child's identity and age according to A.R.S. § 15-828 shall also be filed intendent within 30 days of the termination that the child is no longer being instructed at Il file another Affidavit of Intent to Home School with the County School Superintenden	in the County School a private school or a home school.
I understand the child must be instr	ructed in at least the subjects o	f reading, grammar, mathematics, soci	al studies and science.	
I understand that testing for childre attendance area of a school, particip			ing home school instruction is not required. I understand that if the child is instructed at	home and resides within the
I understand that a child who enrol grade level for the educational plac		r grades one through twelve after recei	ving instruction in a home school program shall be tested pursuant to A.R.S. § 15-745 in	order to determine the appropriate
PRIVACY NOTICE				
The undersigned expressly prohi undersigned. See 20 U.S.C. § 12	bits the release of any and al 32g (a) (5) (B) and ARS § 15	l information contained in this form -141.	including directory information as defined in 20 U.S.C. § 1232g (a) (5) (A), without	prior written consent by the
State of	County of			
Subscribed and Sworn Befo	re Me This		Signature of Person Having Custody of Child	Date
	Day of	,	After signing and notarizing, return the original copy to County School Superintendent's Office at:	o the
My Commission Expires		(Seal)	Pinal County School Superintendents Offic 75 N. Bailey Street P.O. Box 769 Florence, AZ 85132	e