

AFFIDAVIT OF INTENT TO HOME SCHOOL

For Office Use Only

STUDENT INFORMATION

Last Name _____ First Name _____ Middle Name _____

Date of Birth _____ (*Proof of birth is required according to A.R.S. §15-828*)

Address _____ City _____

ZIP _____ Phone Number(s) _____

Name/Address of private school child is attending _____

School District #

PARENT/GUARDIAN INFORMATION

Last Name _____ First Name _____ Middle Name _____

Last Name _____ First Name _____ Middle Name _____

Please read and initial the following statements

_____ I have included a copy of my child's certified birth certificate.

_____ I understand that I am responsible for notifying 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 changes.

_____ According to A.R.S. §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

_____ I expressly prohibit 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 A.R.S. §15-141.

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

Signature of Parent/Guardian _____

State of Arizona, County of Mohave, SUBSCRIBED AND SWORN TO before me this

_____ day of _____, 20_____.

Signature of Notary Public _____

(Seal/Stamp)

After signing and notarizing form, please return original to:

Mohave County School Superintendent
P O Box 7000 (or) 700 West Beale Street
Kingman, AZ 86402-7000