

AFFIDAVIT OF INTENT TO HOMESCHOOL

CHILD'S LAST NAME _____ FIRST _____ MIDDLE _____

DATE OF BIRTH _____ (Per A.R.S. § 15-828.B, Proof of birth is required) GRADE _____ MALE _____ FEMALE _____

NAME(S) AND ADDRESS(ES) OF PERSON(S) WHO HAVE CUSTODY OF THE CHILD:

Name _____
Physical address _____
Mailing address (if different from above) _____
City _____ State _____ Zip _____
(_____) _____
Phone number(s) _____

Name _____
Physical address _____
Mailing address (if different from above) _____
City _____ State _____ Zip _____
(_____) _____
Phone Number(s) _____

PUBLIC SCHOOL DISTRICT OF RESIDENCE

OR

NAME OF PRIVATE SCHOOL CHILD IS ATTENDING

For Private School and Home School Parents: I understand that an Affidavit of Intent shall be filed within thirty days from the time the child begins to attend a private school or home school and is not required thereafter unless the private school or the home school instruction is terminated and then resumed. I understand the child must be instructed in at least the subjects of reading, grammar, mathematics, social studies and science. The person who has custody of the child shall notify the county school superintendent within thirty days of the termination that the child is no longer being instructed at a private or a home school If the private school or home school instruction is resumed, the person who has custody of the child shall file another Affidavit of Intent with the county school superintendent within thirty days. (A.R.S. § 15-802.C)
In addition, for Home School Parents: I understand a certified copy of the child's birth certificate or other reliable proof of the child's identity and age shall also be filed in the county school superintendent's office.(A.R.S. § 15-745.A) I understand that a child who re-enrolls in a kindergarten program or grades one through twelve in a public school after receiving instruction in a home school program shall be tested in order to determine the appropriate grade level for the educational placement of the child. (A.R.S. § 15-745.B)

Address of private school _____
City _____ State _____ Zip _____

If child is attending home school, after signing and notarizing this form, return the original to:
Apache County School Superintendent
75 N. 1st West-PO Box 548
St. Johns, Az. 85936
Telephone 928.337.7539
This affidavit is valid only when submitted with all required documents, including the child's certified birth certificate (returned by mail). If any documents are missing, the affidavit will be void after 90 days.

State of _____, County of _____

SUBSCRIBED AND SWORN TO before me this _____ day of _____ 20_____

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. § 12532g (a)(5)(A), without prior written consent by the undersigned. See 20 U.S.C. § 12532g (a)(5)(A) and A.R.S. § 15-141.

SIGNATURE OF NOTARY PUBLIC

SIGNATURE OF PERSON HAVING CUSTODY OF THE CHILD

My Commission Expires: _____

Notary Stamp

For office use only