## PRIVATE SCHOOL AFFIDAVIT OF INTENT

Dr. Donald D. Covey – Maricopa County Superintendent of Schools Maricopa County Education Service Agency

STUDENT INFORMATION:			
NAME:	DATE OF BIRTH:		
(LAST, FIRST, MIDDLE)			
SCHOOL DISTRICT OF RESIDENCE:			
PARENT/GUARDIAN INFORMATION:			
NAME:	TELEPHONE NUMBER:	TELEPHONE NUMBER:	
(LAST, FIRST, MIDDLE)			
HOME ADDRESS:	CITY:	ZIP:	
PRIVATE SCHOOL INFORMATION:			
PRIVATE SCHOOL NAME: ARIZONA LUTHER	RAN ACADEMY		
ADDRESS OF SCHOOL: 6036 SOUTH 27TH A	AVENUE CITY: PHOENIX ZIP: 85041		
ARIZONA STATE PRIVATE SCHOOL LAWS FOR REC	GISTRATION AS PRESCRIBED BY THE ARIZONA REVISE	D STATUTES:	
	en years shall attend a school and shall be provided instruction of the child shall choose a public, private or charter school o	on in at least the subjects of reading, grammar, mathematics, r a homeschool as defined in this section to provide instruction.	
<ul> <li>2. If the child will attend a private school or homeschool, school or is being provided with instruction in a homesch (a) The child's name.</li> <li>(b) The child's date of birth.</li> <li>(c) The current address of the school the child is attendir</li> <li>(d) The names, telephone numbers and addresses of the</li> </ul>	nool. The affidavit of intent shall include:	nt stating that the child is attending a regularly organized private	
AUTHORIZATION:			
PARENT/GUARDIAN SIGNATURE:	<del>_</del>		
Subscribed and sworn (or affirmed) before me this:	STATE OF:		
day of, 20	COUNTY OF:	NOTARY SEAL	
NOTARY SIGNATURE:			
Submit this form either by mail or in person to the Private	e School Services Division at the address listed on the bottom	n of this page.	

4041 N. Central Avenue, Ste. 1100, Phoenix AZ 85012 • Phone 602-506-3866 • Fax 602-506-3753 Homeschool Hotline 602-506-3144