

HOME SCHOOL AFFIDAVIT OF INTENT

Robert Kelty
Coconino County Superintendent of Schools

Child's Last Name _____ First Name _____ Middle Name _____

Child's Date of Birth _____ *Proof of birth is required according to A.R.S. 15-828.* Grade _____

Parent/Guardian's Last Name _____ First Name _____ Middle Name _____

Parent/Guardian's Last Name _____ First Name _____ Middle Name _____

Address _____ City _____ Zip Code _____

Telephone _____ Email Address _____ School District of Residence _____

Note: According to ARS 15-802, a person who has custody of a child, who does not provide instruction in a home school and who fails to enroll or fails to ensure that the child attends a public or private school pursuant to this section is guilty of a Class 3 Misdemeanor. Failure to file an affidavit of intent is a petty offense.

PLEASE READ AND INITIAL NEXT TO EACH STATEMENT BELOW

_____ I have included an original of my child's birth certificate. This will be copied at the Superintendent's Office and given back to me.

_____ I understand that I am responsible to notify the superintendent when I stop home instruction or need to update my child's record if the above information is changed.

_____ The child named on this affidavit is being provided with instruction in a home school according to ARS 15-802.

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. § 1232g (a)(5)(A), without prior written consent by the undersigned. See 20 U.S.C. § 1232 (a)(5)(B) and ARS § 15-141.

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

PARENT/GUARDIAN'S SIGNATURE _____ DATE _____

State of _____

County of _____

Subscribed and sworn to (or affirmed) before me this _____ day of _____, 20 _____,

by _____.

Notary Public