

# 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