

AFFIDAVIT OF INTENT TO HOME SCHOOL

Child's legal last name First Middle Date of Birth School district of residence

Name(s) of the parent(s) or person(s) with custody of the child Daytime telephone numbers

Physical address(es) of the person(s) with custody of the child AZ _____ Zip code Mailing address (if different) AZ _____ Zip code

I do not wish to begin home instruction until the child reaches eight years of age

- I have included a copy of my child's birth certificate.
- I understand that I am responsible to notify 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 is changed.
- According to ARS §15-802, I will provide my child with home school instruction in at least the subjects of: reading, grammar, mathematics, science and social studies.

For office use only

Release of Information
I understand that by signing this affidavit I am prohibiting the release of the information contained in this form, except "directory information. "Directory information" on this form is: the student's name, address, phone number and date of birth. By signing at the end of this sentence, I exercise my right to refuse the release of (check one): _____ all directory information; or _____ the following directory information (specify) _____.

Signature of parent/guardian _____

Signature of parent or person with custody

State of Arizona, County of _____

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

My Commission Expires _____

**Return signed and notarized affidavit, along with proof of child's age and identity to:
Pima County School Superintendent's office
130 W Congress, 4th Floor
Tucson, AZ 85701-1332**