AFFIDAVIT OF INTENT TO HOME SCHOOL

_____ _____ _____
Childôs 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

_____ AZ _____ _____ AZ _____
Physical address(es) of the person(s) with custody of the child | Zip code | Mailing address (if different) | 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 childôs birth certificate.

☐ I understand that I am responsible to notify the county school superintendentôs office when I stop home Instruction or need to update my childôs home school records if the above information is changed.

☐ According to ARS Ä15-802, 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 ñdirectory information. ñDirectory informationò on this form is: the studentôs 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 _____

Rev. 08/14

Return signed and notarized affidavit, along with proof of childôs age and identity to:
Pima County School Superintendentôs office
200 N. Stone Avenue
Tucson, AZ 85701