AFFIDAVIT OF INTENT

SEX: M ____ F ____

CHILD'S LAST NAME FIRST MIDDLE DATE OF BIRTH GRADE

The above named child is attending: (check one) ____ home school **OR** ____ a regularly organized private school.

Names of the person(s) who have custody of the child.

Addresses of the person(s) who have custody of the child. AZ ____ ZIP

Mailing address (if different from above) AZ ____ ZIP

Daytime Telephone Number(s)

Name of the private school the child is attending.

Current address of the school the child is attending.

PUBLIC SCHOOL DISTRICT OF RESIDENCE

For Office Use Only:

For Private School/Home School parents:
I understand that an Affidavit of Intent shall be filed within thirty days from the time the child begins to attend a private school or home school and is not required thereafter unless the private school or the home school instruction is terminated and then resumed. I understand the child must be instructed in at least the subjects of reading, grammar, mathematics, social studies and science. The person who has custody of the child shall notigy the county school superintendent within thirty days of the termination that the child is no longer being instructed at a private school or a home school. If the private school instruction is resumed, the person who has custody of the child shall file another Affidavit of Intent with the county school superintendent within thirty days. (A.R.S.§15-802, subsection C)

In addition, for Home School parents:
I understand a certified copy of the child's birth certificate or other reliable proof of the child's identity and age according to A.R.S.§15-828 shall also be filed in the County School Superintendent's Office.

I understand that testing of children who are instructed in a home school program while they are receiving home school instruction is not required.

I understand that a child who re-enrolls in a kindergarten program or grades one through twelve in a public school after receiving instruction in a home school program shall be tested pursuant to A.R.S.§15-745 in order to determine the appropriate grade level for the educational placement of the child.

State of ____ County of ____

SUBSCRIBED AND SWORN TO before me this

____ day of ____ 20 ____

____ (SEAL)
SIGNATURE OF NOTARY PUBLIC

My Commission Expires: ____

Copies: 1.Count school office (white) 2. Parent/legal guardian (yellow)

____
Signature of person having custody of child

Note: **If student is attending home school, after signing and notarizing form, return both copies to:**

DONNA M. McGAUGHEY
COUNTY SCHOOL SUPERINTENDENT
921 THATCHER BOULEVARD
SAFFORD, AZ 85546

If student is enrolled in a private school, after signing and notarizing form, return the original to the address above. Yellow copy is for parent/guardian.