

AFFIDAVIT OF INTENT FOR PRIVATE SCHOOL

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) _____

For Office Use Only

School District #

PARENT/GUARDIAN INFORMATION

Last Name _____ First Name _____ Middle Name _____

Last Name _____ First Name _____ Middle Name _____

ID Given Mailed

PRIVATE SCHOOL INFORMATION

School Name: _____ Public School District of Residence: _____

Address _____ City _____ ZIP _____

I understand that an Affidavit of Intent shall be filed within thirty days from the time the child begins to attend and is not required thereafter unless the private 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 notify the County School Superintendent within thirty days of the termination of the program that the child is no longer being instructed in a private school. If 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).

Privacy Notice

The undersigned 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.

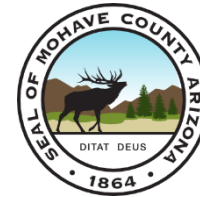
Signature of Parent/Guardian _____

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 (Mailing)
700 West Beale Street (Physical)
Kingman, AZ 86402-7000