

AFFIDAVIT OF INTENT TO HOME SCHOOL

If your child has an *Empowerment Scholarship Account (ESA)* with the State of Arizona, do not fill out this form.

STUDENT INFORMATION

Last Name _____ First Name _____ Middle Name _____

Date of Birth _____ Email _____

Address _____ City _____

ZIP _____ Phone Number(s) _____

For Office Use Only

School District #

ID Given Mailed

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. (*Proof of birth is required according to A.R.S. §15-828*)

_____ 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.

I elect to not begin formal education until my child is eight years of age.

Privacy Notice

The undersigned expressly prohibits 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. 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.

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**