



AFFIDAVIT OF INTENT

CHILD'S LAST NAME _____ FIRST _____ MIDDLE _____

DATE OF BIRTH _____ GRADE _____ MALE _____ FEMALE _____

The above named child is attending: _____ home school **OR** _____ a regularly organized private school.

NAME(S) AND ADDRESS(ES) OF PERSON(S) WHO HAVE CUSTODY OF THE CHILD:

Name

Name

Physical address

Physical address

Mailing address (if different from above)

Mailing address (if different from above)

City State Zip

City State Zip

(_____) _____
Phone number(s)

(_____) _____
Phone number(s)

PUBLIC SCHOOL DISTRICT OF RESIDENCE OR

NAME OF PRIVATE SCHOOL CHILD IS ATTENDING

For Private School and 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 notify 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 or home 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. (ARS §15-802.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 shall also be filed in the county school superintendent's office. (ARS §15-828.3.B)

I understand that testing of children who are instructed in a home school program while they are receiving home school instruction is not required. (ARS §15-745.A)

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 in order to determine the appropriate grade level for the educational placement of the child. (ARS 15-745.B)

Address of private school

City State Zip

Y I (we) elect to not begin formal education until this child reaches eight years of age.

If child is attending **home school**, after signing and notarizing this form, return the original to:

**Yavapai County School Superintendent
1015 Fair Street, Suite 324
Prescott, AZ 86305-1852
Telephone 928-771-3326**

If student is enrolled in a **private school**, after signing and notarizing this form, return the original to the private school named above.

For office use only

State of _____, County of _____

SUBSCRIBED AND SWORN TO before me this

_____ day of _____ 20 _____

SIGNATURE OF NOTARY PUBLIC

My Commission Expires: _____

Signature of person having custody of the child