# 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.

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

_____ AZ _____
Mailing address (if different from above) 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 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. (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.

_____
**Signature of person having custody of child**

State of _____ County of _____

**SUBSCRIBED AND SWORN TO before me this**

_____ day of _____, 19_____

_____ (SEAL)
SIGNATURE OF NOTARY PUBLIC

My Commission Expires: _____

Note: If student is attending home school, after signing and notarizing form, return **all 3** copies to:

**Linda L. O'Dell Ed.D**
**Gila County School Superintendent**
1400 E. Ash Street
Globe, AZ 85501

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

rev. 04/96 Copies: 1.County school office (white) 2. School district (yellow) 3. Parent/legal guardian (pink)