

# HOME SCHOOL AFFIDAVIT OF INTENT

Return to:

La Paz County Education Service Agency  
1112 Joshua Avenue, Suite 205 γ Parker, AZ 85344

Office Use Only
Date Rcd.: _____
Rcd. By: _____
Guardian Ck: _____
Complete: _____

## STUDENT'S INFORMATION:

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Proof of birth is required according to ARS 15-828.

School District of Residence: \_\_\_\_\_

## PARENT/CUSTODIAN INFORMATION:

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address (if different from above): \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Home Phone: \_\_\_\_\_

## PLEASE READ AND INITIAL NEXT TO EACH STATEMENT BELOW:

\_\_\_\_\_ I have provided a copy of my child's birth certificate or other reliable proof of identity and age according to ARS 15-828.

\_\_\_\_\_ I have received, read, and understand the home schooling information provided by the La Paz County School Superintendent.

\_\_\_\_\_ I understand I am responsible to notify the Superintendent when I stop home instruction or need to update any of the above information.

\_\_\_\_\_ According to ARS 15-802, I will provide my child with home school instruction in the subjects of reading, grammar, math, science, and social studies beginning \_\_\_\_\_ (effective date).

**UNDER PENALTY OF LAW**, I attest the information provided on this form is true to the best of my knowledge.

PARENT/CUSTODIAN SIGNATURE: \_\_\_\_\_

State of \_\_\_\_\_ Subscribed and sworn to me this \_\_\_\_\_ day  
of \_\_\_\_\_, 20\_\_\_\_\_, by

County of \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary Public & Official Stamp required

Send original Affidavit and copy of your child's birth certificate to the above address. It is recommended that you keep a copy for your files.

UPDATED 1-5-09