



**AFFIDAVIT OF INTENT TO HOMESCHOOL**

Send notarized original to La Paz County School Superintendent. Keep a copy for your records.

**STUDENT INFORMATION**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ School District of Residence: \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_  
Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_, AZ Zip Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_

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

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

\_\_\_\_\_ I have included a certified copy of my child's birth certificate or other acceptable proof of birth.

\_\_\_\_\_ I understand that I am responsible to notify 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.

\_\_\_\_\_ In accordance with A.R.S. §15-802, I will provide my child with home school instruction in at least the subjects of reading, grammar, mathematics, social studies, and science.

**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 ARS § 15-141.

**Under penalty of law, I attest the information provided on this form is true to the best of my knowledge.**

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_  
STATE OF \_\_\_\_\_ Subscribed and sworn before me this \_\_\_\_\_ day  
COUNTY OF \_\_\_\_\_ of \_\_\_\_\_, 20 \_\_\_\_\_  
by \_\_\_\_\_

*Notary seal*

NOTARY PUBLIC