



HOME SCHOOL PUPIL WITHDRAWAL and/or CHANGE OF INFORMATION FORM

According to ARS §15-802, when you discontinue home schooling a student, you are required to notify your county school superintendent. This form may also be used for address changes or to update information on your student's Affidavit of Intent.

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

WITHDRAWAL FROM HOME SCHOOL YES NO DATE OF WITHDRAWAL _____ 20__

NAME OF CHILD (Please Print): _____ Date of Birth: _____

Address: _____ City: _____, AZ Zip Code: _____

NAME OF PARENT OR GUARDIAN (Please Print): _____ Phone # : _____

CHANGE OF INFORMATION

OLD ADDRESS: _____ CITY _____ ZIP _____

NEW PHYSICAL ADDRESS: _____ CITY _____ ZIP _____

NEW MAILING ADDRESS: _____ CITY _____ ZIP _____

CURRENT CONTACT PHONE NUMBER: () _____

NAME OF SCHOOL DISTRICT WHERE YOU NOW RESIDE: _____

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

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____