HOME SCHOOLING

(Written Declaration of Enrollment)

Please return the completed form to the Special Services Office.

My Child/Children will attend a Home School. Following is a listing of the name(s), Age(s), and Grade(s) of the students who will be attending the Home School: Name: _____ Age: ____ Grade: ____ Name: _____ Age: ____ Grade: ____ Name: _____ Age: ____ Grade: ____ Name: Age: Grade: Name: _____ Age: ____ Grade: ____ Individual(s) Teaching in the Home School: Name of Home School: Address: I understand that this Written Declaration of Enrollment will only be effective until September 1 of next year. If I want the district to maintain a record of my child/children's enrollment in a Home School, I should fill out a new written declaration of enrollment by September 1 every year. Parent/Guardian Name: Address: _____

Parent/Guardian Signature:

Date: