

HOME-BASED INSTRUCTION
NORTH FRANKLIN SCHOOL DISTRICT
1100 W. Clark St. / PO Box 829
Connell, WA 99326

A parent who intends to cause his/her child or children to receive home-based instruction in lieu of attendance or enrollment in a public school, approved private school or an extension program to an approved private school, must file an annual declaration of intent to do so in the format prescribed below:

I do hereby declare that I am the parent, guardian, or legal custodian of the child(ren) listed below: and that said child(ren) is (are) between the ages of eight and eighteen and as such are subject to the requirements found in chapter 28.A.27.RCW. Compulsory Attendance; I intend to cause said child(ren) to receive home-based instruction as specified in RCW 28.A.27.010 (4); and if a certificated person will be supervising the instruction, I have this by checking the appropriate space.

NAME	DOB	AGE	GRADE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

☐ The home-based instruction will be supervised by a person certificated in Washington State pursuant to Chapter 28.A.70RCE, or training in home-based instruction certificate, **which a copy is to be attached.**

Parent/Guardian Signature

Street Address/Mailing Address

City State Zip

This statement must be filed annually by September 15 or within two weeks of the beginning of any public school quarter, trimester, or semester with the superintendent of public school district within which the parent/guardian resides.

Send to: Superintendent
North Franklin School District
PO Box 829
Connell, WA 99326

PART-TIME STUDENT STATUS APPLICATION
(To take district courses and/or receive ancillary services)

In accordance with Board Policy 3114, the parents or guardians of any student not regularly enrolled in the public school who desire their child to take a district course and/or receive ancillary services must complete the following application. The North Franklin School District provides regular educational opportunities and services to students who receive home-based instruction, are enrolled in a private school, or who are involved in an approved work training program. These opportunities and services are limited to those available to regularly enrolled students at the appropriate grade level; transportation to and from the school site is to be arranged by the parent.

Student's Name and Birth date

Check One: ☐ Home-based instruction
☐ Private School
☐ Approved Work Training Program

Parent/Guardian Name

Street Address/Mailing Address

City State Zip

Telephone Number

Parent/Guardian Signature

If privately schooled, name of school: _____

Has the principal of this school been notified that this application is being filed? ☐ Yes ☐ No

List below the public school course(s) and/or ancillary services for which you are making application:

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FOR ADMINISTRATIVE USE ONLY:

Your child is authorized to receive instruction and/or ancillary services as indicated below:

Course/Services

Course/Services

Schedule

Principal/Building

Date

ASSURANCES:

I hereby agree to ensure that:

- (1) Test scores or annual academic progress assessments and immunization records, together with records indicating course titles, instructional time, and other educational activities, are forwarded to any other public or private school to which the child transfers; and,
- (2) A standardized achievement test approved by the state board of education is administered annually to the child by a qualified individual or that an annual assessment of the student's academic progress is written by a certificated person who is currently working in the field of education. The standardized test results or the annual academic progress assessment report, shall be made a part of the child's permanent records. These records, together with a conference between the parent/guardian and superintendent, shall provide the basis for placement if the child returns to the public school.

I agree to the conditions as set forth in this application as well as those conditions stated in Chapter 441.Laws of 1985.

Parent/Guardian Signature

Street Address/Mailing Address

Telephone Number

Date

This statement must be filed annually by September 15 or within two weeks of the beginning of any public school quarter, trimester, or semester with the superintendent of the public school district within which the parent/guardian resides.

Failure of a parent to comply with the standards as specified in this policy shall constitute a violation of the compulsory attendance law.

**Send to: Superintendent
North Franklin School District
PO Box 829
Connell, WA 99326**