## AFFIDAVIT OF INTENT TO HOMESCHOOL



Steve Watson – Maricopa County School Superintendent

STUDENT NAME:		IRTH:	
(LAST, FIRST, MIDDLE)			
School District of Residence:	Previous School Attended:		
PARENT/GUARDIAN INFORMATION:			
NAME:	TELEPHONE NUMBER:	TELEPHONE NUMBER:	
HOME ADDRESS:	CITY/STATE:	ZIP:	
ARIZONA STATE HOMESCHOOL LAWS FOR REGISTRATIO	N AS PRESCRIBED BY THE ARIZONA REVISED STATUTES:		
<b>15-802 A:</b> Every child between the ages of six and sixteen years shall atten of the child shall choose a public, private or charter school or a homescho	nd a school and shall be provided instruction in at least the subjects of readir ool as defined in this section to provide instruction.	ng, grammar, mathematics, social studies and science. The person who has custody	
which the child resides one of the following:  1. A certified copy of the child's birth certificate.  2. Other reliable proof of the child's identity and age, including the child's copy of the birth certificate.		instruction begins, provide to the county school superintendent of the county in school registration records and an affidavit explaining the inability to provide a placed in the custody of the agency as prescribed by law.	
I ELECT TO NOT BEGIN FORMAL EDUCATION UNTIL MY CHI	ILD IS EIGHT YEARS OF AGE.		
AUTHORIZATION:			
PARENT/GUARDIAN SIGNATURE:			
Subscribed and sworn (or affirmed) before me this:	STATE OF:		
day of, 20	COUNTY OF:	NOTARY SEAL	
NOTARY SIGNATURE:			
Submit this form either by mail or in person to the Home S  An original birth certificate must be presented for regi	School Services Division at the address listed on the bottom eistration.	of this page.	
4041 N. Centra	al Avenue, Ste. 1200, Phoenix AZ 85012 • Phone 602-506-38	366 • Fax 602-506-3753	

4041 N. Central Avenue, Ste. 1200, Phoenix AZ 85012 • Phone 602-506-3866 • Fax 602-506-3753 Home School Hotline 602-506-3144