

**HOME SCHOOL AFFIDAVIT OF INTENT**

**Robert Kelty  
Coconino County Superintendent of Schools**

**Child's Last Name** \_\_\_\_\_ **First Name** \_\_\_\_\_ **Middle Name** \_\_\_\_\_

**Child's Date of Birth** \_\_\_\_\_ *Proof of birth is required according to A.R.S. 15-828.*      **Grade** \_\_\_\_\_

Parent/Guardian's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Parent/Guardian's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_ Email Address \_\_\_\_\_ School District of Residence \_\_\_\_\_

*Note: According to ARS 15-802, a person who has custody of a child, who does not provide instruction in a home school and who fails to enroll or fails to ensure that the child attends a public or private school pursuant to this section is guilty of a Class 3 Misdemeanor. Failure to file an affidavit of intent is a petty offense.*

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

- \_\_\_\_\_ I have included an original of my child's birth certificate. This will be copied at the Superintendent's Office and given back to me.
- \_\_\_\_\_ I understand that I am responsible to notify the superintendent when I stop home instruction or need to update my child's record if the above information is changed.
- \_\_\_\_\_ The child named on this affidavit is being provided with instruction in a home school according to ARS 15-802.

**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. § 1232 (a)(5)(B) and ARS § 15-141.**

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

**PARENT/GUARDIAN'S SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

State of \_\_\_\_\_

County of \_\_\_\_\_

Subscribed and sworn to (or affirmed) before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_,

by \_\_\_\_\_.

\_\_\_\_\_  
Notary Public