## HOME SCHOOL FORM PUPIL WITHDRAWAL or CHANGE OF ADDRESS

According to ARS 15-802

You are required to notify the county school superintendent if you discontinue home schooling or if you move. Use this form to update information on your student's affidavit of intent.

NAME OF CHILD		14.00		
DATE OF BIRTH	ADDRESS	4	CITY	ZIP CODE
TELEPHONE	EM	AIL ADDRESS		
PARENT NAME (Print)	PARENT'S SIGNATURE			
DISCON	TINUED HOME SCHOOL	YES, effective		(date)
	CHA	NGES IN INFORMATION	<b>1</b> ****	
OLD ADDRESS		CITY_	1000	ZIP
NEW ADDRESS		CITY		ZIP
NEW PHONE NO		NEW EMAIL ADD	RESS	
NAME OF SCHOOL DISTRI	CT FOR NEW ADDRESS			

Please Fax (928) 679-8077 or mail to: Risha VanderWey, Coconino County Superintendent of Schools, 2384 N. Steves Blvd., Flagstaff, AZ 86004, (928) 679-8070 \*\*\*\*If you are new to Coconino County, please register with an official Affidavit of Intent to Home School, instead.\*\*\*\*