

STUDENT Last Name _____ First Name _____ Middle _____

Date of Birth _____ School District of Residence _____

**COCONINO COUNTY SUPERINTENDENT OF SCHOOLS
PRIVATE SCHOOL AFFIDAVIT OF INTENT**

Private School Name _____ Principal Name _____

Address _____ City _____ Zip _____

Telephone _____ FAX _____ E-Mail _____

My child is attending the above named regularly organized private school.

PARENT SIGNATURE _____

County of _____

State of _____

Subscribed and Sworn to before me this _____ Day of _____ Year of _____.

NOTARY PUBLIC Signature _____ Seal/Commission expiration date: _____

**Mail Affidavit to Robert Kelty
Coconino County Superintendent of Schools
110 E. Cherry Ave., Flagstaff, AZ 86001**