Office of the Maricopa County
School Superintendent
Steve Watson

AFFIDAVIT OF INTENT TO HOMESCHOOL

_____/___ /_____

STUDENT INFORMATION (LAST, FIRST, MIDDLE) **DATE OF BIRTH** **SCHOOL DISTRICT**

_____

PARENT/GUARDIAN INFORMATION **TELEPHONE NUMBER**

_____

HOME ADDRESS **CITY** **STATE** **ZIP** **EMAIL ADDRESS**

_____ I have included an original birth certificate with certified state seal or other reliable proof of child's identity and age.
In accordance to the A.R.S §15-828.
Initials

_____ I am responsible to notify the Office of Maricopa County School Superintendent when I stop homeschool/change of address.
Initials

_____ I elect to NOT begin formal Education until my Child is eight years of age.
Initials

Please do not file an Affidavit of Intent to Homeschool for your child if the child is enrolled in a virtual charter school/public school online or has the **Empowerment Scholarship Account Program(ESA).**

ARIZONA STATE HOMESCHOOL LAWS FOR REGISTRATION AS PRESCRIBED BY THE ARIZONA REVISED STATUTES:

15-802A: Every child between the ages of six and sixteen years shall attend a school and shall be provided instruction in at least the subjects of reading, grammar, mathematics, social studies, and science. The person who has custody of the child shall choose a public, private or charter school, or homeschool as defined in this section to provide instructions.

For Office Use Only

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

_____

PARENT/GUARDIAN SIGNATURE **(Please sign in front of the Notary)**

Subscribed and sworn (or affirmed) before me this: _____day of _____,20_____.

State of: _____ County of: _____

_____ _____/_____/_____

NOTARY PUBLIC SIGNATURE **COMMISSION EXPIRES**

NOTARY SEAL

Revised 01.09.19

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