

Affidavit of Intent

Child's Last Name _____ First _____ Middle _____ Date of Birth _____ Sex: M _____ F _____ Grade _____

The above named child is attending: (check one) _____ home school **OR** _____ a regularly organized private school.

For Office Use Only:

Name of person who has custody of the child	Private school child is attending
Street address of the person who has custody of the child	Private school address
City	AZ _____ Zip
Mailing address (if different from above)	AZ _____ Zip
Daytime telephone number(s)	Local Public School District
Email Address _____	

Home School parents:

I understand a certified copy of the child's birth certificate or other reliable proof of the child's identity and age shall be filed with this Affidavit. (ARS §15-828.3.B).
 I understand that testing of children who are instructed in a home school program is not required. (ARS §15--745.A).
 I understand that a child who re-enrolls in a public school after receiving instruction in a home school program shall be tested in order to determine the appropriate grade level of the child. (ARS §15-745)

For Private School/Home School Parents:

I understand that an Affidavit of Intent shall be filed within thirty days from the time the child begins to attend a private school or home school and is not required thereafter unless the private school or the home school instruction is terminated. I understand the child must be instructed in at least the subjects of reading, grammar, mathematics, social studies and science. The person who has custody of the child shall notify the county school superintendent within thirty days of the termination that the child is no longer being instructed at a private school or a home school. If the private school or home school instruction is resumed, the person who has custody of the child shall file another Affidavit of Intent with the county school superintendent within thirty days. (ARS §15-802, subsection C).

NOTE: After signing and notarizing this form, return the original to the address below. Keep a copy for your records.



Mailing Address:
Cochise County School Superintendent
4001 E. Foothill Dr.
Sierra Vista, AZ 85635

 Signature of person who has custody of the child

State of _____ County of _____

SUBSCRIBED AND SWORN before me this
 _____ day of _____, 20____

by _____
 Notary Public