

# HOME SCHOOL AFFIDAVIT OF INTENT

**Sandra E. Dowling, Ed.D.**  
Maricopa County School Superintendent

## STUDENT'S INFORMATION:

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ *Proof of birth is required according to ARS 15-828.*

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

School District of Residence \_\_\_\_\_ Home Phone \_\_\_\_\_

## PARENT/CUSTODIAN INFORMATION:

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

E-MAIL \_\_\_\_\_

I elect to not begin formal education until our child is eight years of age

## PLEASE READ AND INITIAL NEXT TO EACH STATEMENT BELOW:

\_\_\_\_\_ I have included a photocopy of my child's certified birth certificate.

\_\_\_\_\_ I understand I am responsible to notify the superintendent when I stop home instruction or need to update my child's home school records if the above information is changed.

\_\_\_\_\_ According to ARS 15-802, I will provide my child with home school instruction in the subjects of reading, grammar, math, social studies and science beginning \_\_\_\_\_.  
(Effective date)

**UNDER PENALTY OF LAW, I attest the information provided on this form is true to the best of my knowledge.**

**PARENT/CUSTODIAN SIGNATURE** \_\_\_\_\_

STATE OF \_\_\_\_\_

Subscribed and sworn before me this \_\_\_\_\_ day  
of \_\_\_\_\_, 20 \_\_\_\_\_, by

COUNTY OF \_\_\_\_\_

NOTARY SEAL

\_\_\_\_\_  
**NOTARY PUBLIC**

**Make a copy of this affidavit to keep for your file. Mail original affidavit and a photocopy of child's certified birth certificate to:  
Dr. Sandra E. Dowling, Superintendent, Home School Services, 301 West Jefferson, Suite 660, Phoenix, Arizona 85003**