

www.riverview.wednet.edu

## **Declaration of Intent to Home School**

**20\_\_ - 20\_\_ School Year** 

Program Assistant for Home School: Teresa Renner, 425.844.4518 Home School Paperwork e-mail: rennert@riverview.wednet.edu

A parent who intends to cause his/her child or children to receive home-based instruction in lieu of attendance or enrollment in a public school, approved private school or an extension program of an approved private school, must file an annual declaration of intent to do so in the format prescribed below:

I do hereby declare that I am the parent, guardian, or legal custodian of the child(ren) listed below; that said child(ren) is (are) between the ages of eight and eighteen and as such are subject to the requirements found in Chapter 28A.225 RCW, Compulsory Attendance; I intend to cause said child(ren) to receive home-based as specified in RCW 28A.225.010 (4); and if a certificated person will be supervising the instruction, I have indicated this by checking the appropriate space.

( ) The home-based instruction will be supervised by a person certificated in Washington State pursuant to Chapter

| Street Address/Mailing Address      |           | City                      | State         | -                         | Zip   |  |
|-------------------------------------|-----------|---------------------------|---------------|---------------------------|-------|--|
| Parent/Guardian Name (Please Print) |           | Parent/Guardian Signature |               | Date                      | Phone |  |
|                                     |           |                           |               |                           |       |  |
|                                     |           |                           |               |                           |       |  |
|                                     |           |                           |               |                           |       |  |
|                                     |           |                           |               |                           |       |  |
| Child(ren)'s Name(s)                | Birthdate | e Grade                   | Riverview Sch | riew School Boundary Area |       |  |
| 28A.410 RC W.                       |           |                           |               |                           |       |  |

This statement must be filed annually by September 15, or within two weeks of the beginning of any public school quarter, trimester, or semester with the superintendent of the public school district within which the parent resides.

Please return this form to Riverview School District No. 407 at the school address or Program Assistant e-mail above.