

**Renewal applications
may be completed
online**

<http://www.arkansased.gov/divisions/learning-services/home-school>

Notice of Intent to Home School 2016-2017 School Year

Submit all written forms to Superintendent's Office ONLY

Check your local phone book or Arkansas Department
of Education website for district address

Arkansas Department of Education-Home School Office (501) 682-1874
<http://www.arkansased.gov/divisions/learning-services/home-school>

Parents or guardians shall deliver written notice in person to the superintendent of their local school district the first time such notice is given.

Notices of Intent may be filed online after the initial year of home school.

The Arkansas Department of Education recommends that you notify the local school district of any change of address or if you discontinue to home school. *In order to maintain legal home school status, current year forms must be filed every year by the established deadlines. During the school year, new forms must be submitted within 30 days of the parent(s) moving to a new school district.*

PART A – Please print

In accordance with the procedures established for the implementation of Ark. Code Ann. § 6-15-501 et seq., I/we hereby give notice to _____, Superintendent of the _____ School District, _____ County, of my/our intent to provide home instruction to my/our own child(ren) beginning home school date for 2016-2017 _____ (start date - Month/Day/Year).

Current residential address of parent or guardian: _____, AR _____
Parent's Street Address City Zip

Parent's mailing address if different from above: _____, AR _____
Parent's Street Address City Zip

Print Name of parent/guardian: _____ *Phone Number:* _____

Educational Qualifications of Parent/Teacher(s): *This information is used for statistical purposes only.*

<u>Print or Type</u> Name of Parent/ Guardian	Parent/Guardian (Circle one)	School (Circle highest grade completed)	College (Circle one)	Degree (BA, etc.)	Name & Address of Institution
	Parent Guardian	6 7 8 9 10 11 12 H.S. GED Diploma	1 2 3 4 Degree		
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No approval letter or curriculum will be sent to parents/guardians

DRIVER'S PERMIT/LICENSE SECTION ONLY

This section below ONLY APPLIES FOR STUDENTS 14 YEARS OF AGE OR OLDER who are obtaining a driver's permit or license during the 2016-2017 year.

Arkansas Department of Education Rules and Regulations Governing Home Schools 10.00 States: "A student enrolled in a home school shall present proof of home schooling in the form of a copy of the Notice of Intent to Home School."

Please call the Home School Office at 501-683-5780 if you have questions. Have a copy of this form and a birth certificate when seeking a driver's permit or licenses.

Revenue Office does require a parent or legal guardian signature in person

Parent Signature Date

Student Information:

Name of School Last Attended:

<i>PRINT or TYPE STUDENT'S NAME</i>			Date of Birth Month/Day/Year	Sex (Circle one)	<u>GRADE LEVEL COMPLETED LAST SCHOOL YEAR</u> (Circle one)	GRADE LEVEL STUDENT IS IN THIS YEAR	6-15-507 allows Home School students to participate in Interscholastic Activities. Check box if student will be enrolled in an activity/class.	Plans to obtain a GED	Type of School Last Attended (Circle one)
FIRST	MIDDLE	LAST							
				M F	0 K 1 2 3 4 5 6 7 8 9 10 11				Public Parochial Private Home
				M F	0 K 1 2 3 4 5 6 7 8 9 10 11				Public Parochial Private Home
				M F	0 K 1 2 3 4 5 6 7 8 9 10 11				Public Parochial Private Home
				M F	0 K 1 2 3 4 5 6 7 8 9 10 11				Public Parochial Private Home

Curriculum (Required information: DISTRICT OFFICE, do not accept this form if this section is blank.)

Give a list of the subjects to be taught.

Class Schedule (Required information: DISTRICT OFFICE, do not accept this form if this section is blank.)

Describe the schedule planned for your home school: (Include the hours per day, days per week, number of weeks)

HOME SCHOOL WAIVER FORM (Do not modify/revise form)

By my signature below, I hereby certify and agree as follows:

- 1) I am the parent or legal guardian of the child(ren) listed below.
- 2) I have fully read and understand the terms of this waiver.
- 3) As of the date I sign this waiver, I hereby acknowledge that the State of Arkansas is not liable for the education of the child(ren) listed during the time I choose to home school the child(ren).

Signature of Parent/Guardian

Date