

FILE FORMS EVERY YEAR: PART A AND B must be returned to the Superintendent's Office EACH YEAR no later than August 15, or by December 15 to begin home schooling the second semester, or during the year with a 14-calendar day waiting period. **Only** the Superintendent or local School Board has the authority to waive the 14-day waiting period. **Please retain a copy of the completed form for your files.**

2010-2011 School Year

(Do not modify/revise ADE forms)

District LEA # _____ (District use only)

Submit all forms to Superintendent's Office ONLY
Check your local phone book or Arkansas Department Of Education website for district address

TESTING: State law requires that home school students in grades 3 through 9 test every year. The tentative test date for home school students will be in April of 2011. Please check the Home School Testing website for more information at <http://www.arhomeschooltesting.org> Parents/legal guardians that are registered for the current school year will receive written notification of the test dates, times, and sites. Please notify the Arkansas Home School Testing Office if there is a change in address.

Notice of Intent to Home School

Arkansas Department of Education-Home School Office (501) 682-1874

<http://arkansased.org/about/schools/home.html>

PART A – Please print (forms must be legible to be accepted)

In accordance with the procedures established for the Implementation of Act 1117 of 1999, 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) located at:

_____, _____, AR _____, beginning date for 2010-2011 _____.
Print or Type Parent's Address **City** **Zip** **(Month/Day/Year)**

Parent's mailing address if different from above: _____ (for mailing test notification/results)

Further, I/we agree that my/our child(ren) will take a nationally recognized standardized achievement test as required in A.C.A. 6-15-504. The test will be administered to students in grades 3 through 9 during the testing window for the current school year. 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.*

PRINT name of parent/guardian _____

() _____
 Phone Number (Optional) Occupation (Optional) Today's Date

No approval letter or curriculum will be sent.

Student Information

Name of School Last Attended: _____

PRINT or TYPE STUDENT'S NAME				Date of Birth Month/Day/Year	Sex (Circle one)	GRADE LEVEL COMPLETED LAST SCHOOL YEAR (Circle one)	GRADE LEVEL STUDENT IS IN THIS YEAR STUDENTS IN GRADES 3 through 9 MUST TEST (Testing - April 2011)	Permanently Exempt from Home School Testing Grades 3-9 Per Home School Test Coordinator Place check in box	Type of School Last Attended (Circle one)
*Student has an IEP on file	Please print clearly and legible Give Full Legal Name								
	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
					M F	0 K 1 2 3 4 5 6 7 8 9 10 11			Public Parochial
					M F	0 K 1 2 3 4 5 6 7 8 9 10 11			Public Parochial
					M F	0 K 1 2 3 4 5 6 7 8 9 10 11			Public Parochial
					M F	0 K 1 2 3 4 5 6 7 8 9 10 11			Public Parochial

Part B *Notice of Intent to Home School and Waiver forms must be filed every year by the established deadlines.*

HOME SCHOOL WAIVER FORM

(Do not modify/revise form)

Arkansas Code Annotated § 6-15-503, as amended by Act 1117 of 1999, requires that parents and guardians who wish to home school their children, sign a waiver acknowledging that the State of Arkansas is not liable for the education of their children during the time the parent or guardian chooses to home school.

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 below during the time I choose to home school the child(ren).

Please print clearly and legible. Give student's Legal Name.

STUDENTS FIRST, MIDDLE, AND LAST NAME	DATE OF BIRTH

Signature of Parent/Guardian

 Date

 Address

 Phone (*area code & number*)

 City, State, Zip