



BELLINGHAM PUBLIC SCHOOLS  
1306 Dupont St.  
Bellingham, Washington 98225  
360.676-6532

**ANNUAL DECLARATION OF INTENT FOR HOME-BASED INSTRUCTION**  
**School Year \_\_\_\_\_ – \_\_\_\_\_**

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, approved private school or an extension program of an approved private school, *must file an annual declaration of intent for home-based instruction with the district superintendent by **September 15** or **within two weeks of the beginning of any public school quarter, trimester or semester** in the format prescribed below:*

I do hereby declare that I am the parent, guardian or legal custodian of the child(ren) listed below and that said child(ren) is (are) between the ages of 8 and 18 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 instruction as specified in RCW 28A.225.010(4). If a certificated person will be supervising the instruction, I have indicated this by checking the appropriate space.

I am qualified to provide home-based instruction to my child(ren) (*please check one*):

- I have forty-five (45) college credit hours.
- I have completed an approved course in home-based instruction at a post secondary institution or vocational technical institute.
- I will be supervised by a certificated teacher pursuant to Chapter 28A.410. RCW:  
Name of teacher: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Child(ren)'s Name(s)**

<u>Last Name</u>	<u>First</u>	<u>Middle</u>	<u>Current Grade</u>	<u>Neighborhood School</u>	<u>Birth Date</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**Will your child(ren) attend school part-time or receive ancillary services?** (*Part-time is defined as receiving any instructional curricular service or activity; Ancillary services include, but are not limited to, counseling, psychological services, testing, speech and hearing therapy, tutorial services and sports activities*)  
(If **YES**, please complete the reverse side of this form)       **YES**       **NO**

\_\_\_\_\_  
Parent/Guardian Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
City                      State                      Zip

**REQUEST FOR PART-TIME ATTENDANCE OR ANCILLARY SERVICES**

NAME OF STUDENT \_\_\_\_\_

Service/course \_\_\_\_\_ School \_\_\_\_\_

Service/course \_\_\_\_\_ School \_\_\_\_\_

Service/course \_\_\_\_\_ School \_\_\_\_\_

Service/course \_\_\_\_\_ School \_\_\_\_\_

NAME OF STUDENT \_\_\_\_\_

Service/course \_\_\_\_\_ School \_\_\_\_\_

Service/course \_\_\_\_\_ School \_\_\_\_\_

Service/course \_\_\_\_\_ School \_\_\_\_\_

Service/course \_\_\_\_\_ School \_\_\_\_\_

NAME OF STUDENT \_\_\_\_\_

Service/course \_\_\_\_\_ School \_\_\_\_\_

Service/course \_\_\_\_\_ School \_\_\_\_\_

Service/course \_\_\_\_\_ School \_\_\_\_\_

Service/course \_\_\_\_\_ School \_\_\_\_\_

NAME OF STUDENT \_\_\_\_\_

Service/course \_\_\_\_\_ School \_\_\_\_\_

Service/course \_\_\_\_\_ School \_\_\_\_\_

Service/course \_\_\_\_\_ School \_\_\_\_\_

Service/course \_\_\_\_\_ School \_\_\_\_\_

NAME OF STUDENT \_\_\_\_\_

Service/course \_\_\_\_\_ School \_\_\_\_\_

Service/course \_\_\_\_\_ School \_\_\_\_\_

Service/course \_\_\_\_\_ School \_\_\_\_\_

Service/course \_\_\_\_\_ School \_\_\_\_\_