



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 _____

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