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)

<table>
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<tr>
<th>Last Name</th>
<th>First</th>
<th>Middle</th>
<th>Current Grade (Optional)</th>
<th>Neighborhood School (Optional)</th>
<th>Birth Date (or age)</th>
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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

__________________________________________  Date
Parent/Guardian Signature

__________________________________________
Street Address  Telephone

__________________________________________
City  State  Zip

Return completed form to: Lorrie Melton. Lorrie.melton@bellinghamschools.org  1306 Dupont St., Bellingham, WA 98225.  For questions: 360-676-6532
REQUEST FOR PART-TIME ATTENDANCE OR ANCILLARY SERVICES

NAME OF STUDENT________________________________________________________________________
Service/course ___________________________ School ________________________________
Service/course ___________________________ School ________________________________
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