

**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.**

## 2012-2013 School Year

(Do not modify/revise ADE forms)

**District LEA #** (District use only)

**Submit/Mail all forms to Superintendent's Office ONLY**

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

## Notice of Intent to Home School

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

<http://arkansasased.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:

Print or Type Parent's Address

City, AR Zip

beginning date for **2012-2013** (start date - 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 achievement test as required in A.C.A. 6-15-504. The test will be administered to home school 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

### Student Information:

Name of School Last Attended:

PRINT or TYPE STUDENT'S NAME <i>Please print clearly and legible</i> <i>Give Full Legal Name</i>			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 2013)	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	FIRST	MIDDLE						
				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
				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

**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 2013. Please check the Home School Testing website for more information at <http://www.arkhomeschooltesting.org>. Parents/legal guardians that are registered for the current school year will receive written notification of the test dates, times, and sites later in the school year. Please contact the Arkansas Home School Testing Office if you have questions regarding testing. (501) 354-3136

Page Must be completed - Curriculum (Required information: **DISTRICT OFFICE**, do not accept this form if this section is blank.)

Give a brief description of the basic core curriculum to be used and include 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)

Educational Qualifications of Parent/Teacher(s) (Circle the highest level of educational attainment.)						
<i>Print or Type</i> Name of Parent/ Guardian	Parent/Guardian (Circle one)	School (Circle one)	College (Circle one)	Degree (BA, etc.)	Name & Address of Institution	
	Parent	Guardian	6 7 8 9 10 11 12	H.S. Grad.	1 2 3 4 Col. Grad.	
	Parent	Guardian	6 7 8 9 10 11 12	H.S. Grad.	1 2 3 4 Col. Grad.	

No approval letter or curriculum will be sent to parents/guardians. Parents have FULL responsibility for providing material(s) to their children.

**DRIVER'S PERMIT/LICENSE SECTION ONLY – No need to complete below this line if you are not seeking a driver's license.**  
This section below **ONLY APPLIES FOR STUDENTS 14 YEARS OF AGE OR OLDER** who are obtaining a driver's permit or license during the 2012-2013 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 notarized copy of the Notice of Intent to Home School. The parent/guardian has the responsibility of providing the notarized copy."  
Please call the Home School Office at 501-682-1874 if you have questions. Make a copy of this form and have the COPY notarized when seeking a driver's permit or licenses.

Notary Seal:

Signature of Notary \_\_\_\_\_ Date \_\_\_\_\_  
Parent Signature \_\_\_\_\_ Date \_\_\_\_\_  
Arkansas Code Annotated § 6-15-501 through § 6-15-508  
Form Revised May 2012

Please retain a copy of the completed form for your files.

**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**