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 14calendar day waiting period. 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.

**Print or Type Parent's Address** 

**Mountian Home** 

## 2009-2010 School Year

(Do not modify/revise ADE forms)

**District LEA # 0303000** 

(District use only)

Submit all forms to Superintendent's Office ONLY

## Notice of Intent to Home School

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

http://arkansased.org/schools/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** 

School District,

Parent's ma	ailing address if different from above:	(for mailing test notification/results)						
9 during th home school the parent(s	e testing window for the current school year. The	ly recognized standardized achievement test as required in A.C.A. 6-15-504. The test will be administered to students in grades 3 through the local school district of any change of address or if you discontinue to the school year, new forms must be filed every year by the established deadlines. During the school year, new forms must be submitted within 30 days a phone Number (Optional)  Occupation (Optional)  Today's Date						
No approval letter or curriculum will be sent.		<b>Student Information</b>			Name of School Last Attended:			
*Student has an IEP on file	Tor TYPE STUDENT'S NAME  Please print clearly and legible  Give Full Legal Name  FIRST MIDDLE LAST	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 2010)	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)	
			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 dates

check the Home School Testing website for more information

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

, **Superintendent** of the

(Month/Day/Year)

for home school students will be April 5-16, 2010. Please

at http://www.arhomeschooltesting.org Parents/legal

there is a change in address.

Dr. Charles Scriber

\_\_\_\_, AR \_\_\_\_\_\_\_, beginning date for 2009-2010 \_\_\_\_\_

**Baxter** County, of my/our intent to provide home instruction to my/our own child(ren) located at:

Page Must be completed - Curi			·	ept this for	m if this section is blank.)
ve a brief description of the basic core curriculum to be	used and include a list of	of the subjects to be taught	•		
Class Schedule (Require	ed information: DISTR	ICT OFFICE, do not acce	ept this form if	this section	is blank.)
escribe the schedule planned for your home school. (Inc	clude the hours per day,	days per week, number of v	veeks)		
	11 10 (10)		. (0)(0		
Edu		tions of Parent/Teac tlevel of educational a		lired inforn	nation, <u>do not leave blank</u> )
Print or Type Name of Parent/ Guardian	Parent/Guardian (Circle one)	School (Circle one)	College (Circle one)	Degree (BA, etc.)	Name & Address of Institution
	Parent Guardian	H.S. 6789101112 Grad.	Col. 1 2 3 4 Grad.		
	Parent Guardian	H.S. 6789101112 Grad.	Col. 1234 Grad.		
		ONLY APPLIES FOR STUD			

This section applies only to parents that would like for their child to apply for a driver's permit or license during the 2008-2009 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 2009

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