



ALPINE SCHOOL DISTRICT

2014-2015

COMPULSORY EDUCATION EXEMPTION CERTIFICATE FOR HOME INSTRUCTION

Student(s) #	Student Name(s)	Grade	M/F	Birth Date(s)	New/Renew	ASD Boundary School (Neighborhood school name)	Please list any classes or activities your student may participate in at the local school with the principal's permission

Address:	City:	Zip:	Home Phone:
Parent/Guardian:	Address (if different than student):	E-mail (optional)	Work Phone:
Reason for Home Schooling (optional):			

PARENT/GUARDIAN AFFIDAVIT

I, _____, (Parent/Guardian) of the above names student(s), declare my intent to home school my student(s). I understand and agree:

1. To provide instruction in the subjects the Utah State Board of Education requires to be taught in public schools.
2. To provide instruction for 180 days and 990 hours each year.
3. I am solely responsible for selecting instructional materials and textbooks.
4. I am solely responsible for setting the time, place and method of instruction.
5. I am solely responsible for testing or otherwise evaluating the home school instruction my student receives.
6. If my student is home schooled, he/she may only earn school district credit consistent with school district policies.

I accept full responsibility for my student(s) and understand that he/she may not qualify for a high school diploma issued by the Alpine School District or any of its schools.

(For students with IEPs or identified through child find): My decision to home school does not in any way imply that the school district did not provide a free and appropriate public education and I understand and agree that my student has no individual right to receive some or all of the special education and related services he/she would receive if enrolled in a public school in Alpine School District, unless I have arranged for dual enrollment consistent with state law, Section 53A-11-102.5 and Utah State Board of Education rule, R277-438.

I have read this agreement and understand my obligations as a home school parent.

TO BE SIGNED BEFORE A NOTARY:

Parent/Guardian Signature: _____ Date: _____

Subscribed and sworn to before me this _____ day of _____, 20_____

Notary Public _____

My Commission expires: _____

Residing at: _____

<p>Once notarized please submit form to: Alpine School District Attn: Student Support Services 575 North 100 East American Fork, Utah 84003</p> <p>Or to your ASD boundary school</p>

**DISTRICT EXEMPTION CERTIFICATE
FOR HOME SCHOOL INSTRUCTION**

The following student(s) are exempt from compulsory attendance for the **2014-2015** school year based upon the parent's/guardian's signed Affidavit.

THIS EXEMPTION EXPIRES: JUNE 30, 2015

District Signature: _____ Date: _____

***Exemption is invalid without parent/guardian signature AND District signature.**

Note: The school/school district has no obligation to review a home schooled student's work or curriculum for credit.

Note: The information on this form is for school/school district use only. If schools/school districts release home school student information as "directory information," schools/school districts must do so consistent with federal law.

For Alpine School District Office Use Only:

Date received: _____

Date given in person to parent/guardian: _____ OR Date mailed to home address: _____