

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. The Superintendent or local School Board has the authority to waive the 14-day waiting period.

2008-2009 School Year

(Do not modify/revise ADE forms)

District LEA # _____

(District use only)

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

TESTING: State law requires that home school students in grades 3 through 9 test every year. The tentative test dates for home school students will be April 6-17, 2009. Please check the Home School Testing website for more information at [Hwww.afsc.k12.ar.us/homeschool](http://www.afsc.k12.ar.us/homeschool) Parents/legal 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 there is a change in address.

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** Dr. Linda Watson, Superintendent of the

Little Rock School District, Pulaski County, of my/our intent to provide home instruction to my/our own child(ren) located at:

123 School Way Drive, Little Rock, AR 72222, beginning 8/15/2008.
Print or Type Parent's Address **City** **Zip** **(Month/Day/Year)**

Parent's mailing address if different from above: P.O. Box 12345, Little Rock, AR 72201 (for mailing test notification/results)

Further, I/we agree that my/our child(ren) will take a nationally recognized standardized achievement test as required in A.C.A. 6-15-504. The test will be administered to 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.*

Mary Western 501-123-4567 8/1/08
PRINT name of parent/guardian **Phone Number (Optional)** **Occupation (Optional)** **Today's Date**

No approval letter or curriculum will be sent.

Student Information

Name of School Last Attended:

<i>PRINT or TYPE STUDENT'S 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 2009)	Permanently Exempt from Home School Testing <i>Per Home School Test Coordinator Place check in box</i>	Type of School Last Attended (Circle one)
*Student has an IEP on file	Please print clearly and legible Give Full Legal Name								
FIRST	MIDDLE	LAST							
	Zachary	Cole	Western	7/7/90	(M) F	0 K 1 2 3 4 5 6 7 8 9 10 (11)	12		(Public) Parochial Home
	Dawson	Gary	Western	4/16/91	(M) F	0 K 1 2 3 4 5 6 7 8 (9) 10 11	10		Public (Parochial Home)
	Ethan	Alexander	Western	5/18/00	(M) F	0 K 1 (2) 3 4 5 6 7 8 9 10 11	3		Public (Parochial Home)
X	Abigail	Kimberly	Western	6/20/01	M (F)	0 K (1) 2 3 4 5 6 7 8 9 10 11	2	X	(Public) Parochial Home
					M F	0 K 1 2 3 4 5 6 7 8 9 10 11			Public Parochial Home

Arkansas Code Annotated § 6-15-501 through § 6-15-508

*IEP-Individualized Education Programs

PARENTS/LEGAL GUARDIANS MUST FILE UPDATED FORMS EVERY YEAR

Form Revised May 2008

Page MUST be completed

