DIERINGER SCHOOL DISTRICT No. 343

Educating every child for confidence today and contribution tomorrow



To: Michael Farmer, Superintendent Dieringer School District #343 1320 178th Ave E Lake Tapps, WA 98391

School Year:		
Renewal:	☐ Yes	□ No

HOME BASED INSTRUCTION FORM

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) of legal age to attend public school and as such are subject to the requirements found in Chapter 28A.200.RCW, Compulsory Attendance; I intend to cause said child(ren) to receive home-based instruction as specified in RCW 28A.225.010(4) and if a certificated person will be supervising the instruction, I have indicated this by checking the appropriate space below.

CHILD(REN'S) NAME(S)			BIRTH DATE	GRADE	
Last	First	Middle			
				-	
()	The home-based in pursuant to Chapte	•	rvised by a person certified in the	State of Washington	
Signature			Date		
Street Address			Telephone Nu	Telephone Number	
City	State	Zip Code			
any p			nber 15 th or within two (2) weeks Superintendent of the public scho		
Signature			Date		