



\*REQUIRED

\*\*REQUIRED if requesting part-time services

FSD Homeschool  
 P.O. Box 698  
 Ferndale, WA 98248  
 (360)383-9200

## ANNUAL DECLARATION OF INTENT TO PROVIDE HOME-BASED INSTRUCTION

School Year\* \_\_\_\_\_ - \_\_\_\_\_

I do hereby declare that I am the parent, guardian, or legal custodian of the child(ren) listed below; that said child(ren) is (are) between the ages of 8 and 18 and as such are subject to the requirements found in chapter 28A.225 RCW Compulsory Attendance; I intend to cause said child(ren) to receive home-based instruction as specified in RCW 28A.225.020(4) and if a certificated person will be supervising the instruction, I have indicated this by checking the appropriate space. **This statement must be filed annually by September 15 or within two weeks of the beginning of any public-school quarter, trimester, or semester with the superintendent of the public-school district within which the parent resides.**

Student Name(s) LAST, FIRST	Birth Date	Grade	Assigned School in FSD

### I am qualified to provide home-based instruction to my child(ren)

PLEASE CHECK ONE:

I will be supervised by a teacher with a current WA State Teaching Certificate (online programs do not count as homeschool supervising teachers)  
 Name of teacher: \_\_\_\_\_ Teacher's Phone Number \_\_\_\_\_  
 Teacher's mailing address \_\_\_\_\_

I have forty-five (45) college credit hours

I have completed an approved course in home-based instruction at a post-secondary institution or vocational technical institute

Is (or recently was) your child currently enrolled in ANY public school?  YES  NO  
 If yes, at what District & School? \_\_\_\_\_  
 If yes, have/are you withdrawing them?  YES  NO

Will your child(ren) attend any school part-time or receive ancillary services  YES  NO

Will your child(ren) attend running start? If yes, please indicate below:  YES  NO

Student Name	Part-time Attendance or Ancillary Services Requested	School

\_\_\_\_\_  
 Parent/Guardian printed name \_\_\_\_\_  
 Signature\* \_\_\_\_\_  
 Date\*

Email: \_\_\_\_\_ Street and Mailing Address\* \_\_\_\_\_

City\* \_\_\_\_\_ Zip Code\* \_\_\_\_\_ Phone Number \_\_\_\_\_