

**ANNUAL DECLARATION OF INTENT FOR HOME-BASED INSTRUCTION**

A parent who intends to cause his/her child or children to receive home-based instruction in lieu of attendance or enrollment in a public, approved private school or an extension program of an approved private school, *must file an annual declaration of intent for home-based instruction with the district superintendent by **September 15** or **within two weeks of the beginning of any public school quarter, trimester, or semester** in the format prescribed below:*

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) 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.225.010(4). *If a certificated person will be supervising the instruction, I have indicated this by checking the appropriate space.*

\_\_\_ Home-based instruction will be supervised by a person certificated in Washington State pursuant to chapter 28A.410 RCW.

**Child(ren)'s Name(s)**

Last name, First, Middle	Current Grade (Optional)	Current School (Optional)	Birth Date (or age)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Are you interested in learning more about Eagle Sky Virtual Academy, a free online alternative learning opportunity?  
\_\_\_ YES \_\_\_ NO

**Will your child(ren) attend school part-time or receive ancillary services?** *(Part-time is defined as receiving any instructional curricular service or activity; Ancillary services include, but are not limited to, counseling, psychological services, testing, speech and hearing therapy, tutorial services and sports activities)* **(If YES, please complete the reverse side of this form)** \_\_\_ YES \_\_\_ NO

_____	_____	_____
<b>Parent/Guardian Name</b>	<b>Parent/Guardian Signature</b>	<b>Date</b>
_____	_____	_____
<b>Street Address</b>	<b>Telephone Number</b>	<b>Email (Optional)</b>

**REQUEST FOR PART-TIME ATTENDANCE OR ANCILLARY SERVICES NAME OF STUDENT**

**Name of Student:** \_\_\_\_\_

Service/course \_\_\_\_\_

School \_\_\_\_\_

Service/course \_\_\_\_\_

School \_\_\_\_\_

Service/course \_\_\_\_\_

School \_\_\_\_\_

Service/course \_\_\_\_\_

School \_\_\_\_\_

**Name of Student:** \_\_\_\_\_

Service/course \_\_\_\_\_

School \_\_\_\_\_

Service/course \_\_\_\_\_

School \_\_\_\_\_

Service/course \_\_\_\_\_

School \_\_\_\_\_

Service/course \_\_\_\_\_

School \_\_\_\_\_

**Name of Student:** \_\_\_\_\_

Service/course \_\_\_\_\_

School \_\_\_\_\_

Service/course \_\_\_\_\_

School \_\_\_\_\_

Service/course \_\_\_\_\_

School \_\_\_\_\_

Service/course \_\_\_\_\_

School \_\_\_\_\_