

**ELMA SCHOOL DISTRICT**

1235 Elma Monte Road

Elma, Washington 98541

360-482-2822

**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

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Parent/Guardian Name

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Parent/Guardian Signature

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Date

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Street Address

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Telephone Number

---

Email (Optional)

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**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 \_\_\_\_\_