

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 eight and eighteen 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); and if a certificated person will be supervising the instruction, I have indicated this by checking the appropriate space.

The home-based instruction will be supervised by a person certificated in Washington State pursuant to Chapter 28A.410 RCW (check if applicable)

Print Child(ren)'s Name

Age

(Print Parent/Guardian Name)

(Date)

(Street Address)

(City)

(State)

(Zip)

(Print Parent/Guardian Name)

(Signature)

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.

Please return this form to: Edmonds School District
c/o Edmonds Heights K12
23200 100th Ave. W
Edmonds, WA 98020

Date Received
