FILE: IGBI-AF Critical

HOME SCHOOLING

(Written Declaration of Enrollment)

Please return the completed form to the district's Central Office.

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My child/children will attend a home school.	
Following is a listing of the names and ages of the stu	adents who will be attending the home school:
Students' Names(s) and Ages:	
Name:	Age:
Name of Home School:Address:	
Phone:	
I understand that this Written Declaration of Enrollm next year. If I want the district to maintain a record school, I should fill out a new Written Declaration of	of my child/children's enrollment in a home
Parent/Guardian Name:	
Address:	
Parent/Guardian Signature	Date

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For Office Use Only: IGBI-AF.1B (5/01)