



BELLINGHAM PUBLIC SCHOOLS
1985 Barkley Boulevard
Bellingham, Washington 98226
360.676-6532

ANNUAL DECLARATION OF INTENT FOR HOME-BASED INSTRUCTION
School Year _____ – _____

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.

I am qualified to provide home-based instruction to my child(ren) (***please check one***):

☐ 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.

☐ I will be supervised by a certificated teacher pursuant to Chapter 28A.410. RCW:

Name of teacher: _____ *Phone Number:* _____

Child(ren)'s Name(s)

<u>Last Name</u>	<u>First</u>	<u>Middle</u>	<u>Current Grade</u> <u>(Optional)</u>	<u>Neighborhood School</u> <u>(Optional)</u>	<u>Birth Date</u> <u>(or age)</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

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**

Parent/Guardian Name

Parent/Guardian Signature

Date

Street Address

Telephone

City State Zip

Return completed form to: Lorrie Melton. Lorrie.melton@bellingshamschools.org 1985 Barkley Boulevard, Bellingham, WA 98226. For questions: 360-676-6532

REQUEST FOR PART-TIME ATTENDANCE OR ANCILLARY SERVICES

NAME OF STUDENT _____

Service/course _____ School _____

Service/course _____ School _____

Service/course _____ School _____

Service/course _____ School _____

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Service/course _____ School _____

Service/course _____ School _____

Service/course _____ School _____

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