## <u>ALPINE SCHOOL DISTRICT</u> 2013-2014 COMPULSORY EDUCATION EXEMPTION CERTIFICATE FOR HOME INSTRUCTION

Student(s) #	Student Name(s)	Grade	M/F	Birth Date(s)	New/Renew	ASD Boundary School (Neighborhood school name)	student may pa	classes or activities your irticipate in at the local orincipal's permission
Address:		ty:				Zip:		Home Phone:
Parent/Guardian:		Address (if different than student):				): E-mail (or	otional)	Work Phone:
Reason for Home Schooling (optional):								

## 

## PARENT/GUARDIAN AFFIDAVIT

I, \_\_\_\_\_, (Parent/Guardian) of the above names student(s), declare my intent to home school my student(s). I understand and agree:

- 1. To provide instruction in the subjects the Utah State Board of Education requires to be taught in public schools.
- 2. To provide instruction for 180 days and 990 hours each year.
- 3. I am solely responsible for selecting instructional materials and textbooks.
- 4. I am solely responsible for setting the time, place and method of instruction.
- 5. I am solely responsible for testing or otherwise evaluating the home school instruction my student receives.
- 6. If my student is home schooled, he/she may only earn school district credit consistent with school district policies.

I accept full responsibility for my student(s) and understand that he/she may not qualify for a high school diploma issued by the Alpine School District or any of its schools.

(For students with IEPs or identified through child find): My decision to home school does not in any way imply that the school district did not provide a free and appropriate public education and I understand and agree that my student has no individual right to receive some or all of the special education and related services he/she would receive if enrolled in a public school in Alpine School District, unless I have arranged for dual enrollment consistent with state law, Section 53A-11-102.5 and Utah State Board of Education rule, R277-438.

I have read this agreement and understand my obligations as a home school parent.

## TO BE SIGNED BEFORE A NOTARY:

Parent/Guardian Signature:	_	Date:
Subscribed and sworn to before me this day of	, 20	
Notary Public		
My Commission expires:		
Residing at:		
Once notarized please submit form to: Alpine School District		
Attn: Student Support Services 575 North 100 East		
American Fork, Utah 84003		
Or to your ASD boundary school		

The following student(s) are exempt from compulsory attendance for the <b>2013-2014</b> school year based upon the				
parent's/guardian's signed Affidavit.	school year bused upon the			
THIS EXEMPTION EXPIRES: <u>JUNE 30, 2014</u>				
THIS EXEMPTION EXPIRES: <u>JUNE 30, 2014</u>				
	Date:			
THIS EXEMPTION EXPIRES: <u>JUNE 30, 2014</u> District Signature:	Date:			
District Signature:				
District Signature:				
District Signature:	ure AND District signature.			

	For Alpine School District Office Use Only:	
	Date received:	
Date given in person to parent/guardian:	OR Date mailed to home address:	