



ALPINE SCHOOL DISTRICT

AFFIDAVIT AND EXEMPTION CERTIFICATE FOR HOME SCHOOL INSTRUCTION

Student(s) #	Student Name(s)	Grade	Birth Date(s)	ASD Boundary School	Please list any classes or activities your student may participate in at the local school with the principal's permission

Address:	City:	Zip:	Contact Phone:
Parent/Guardian:	Address (if different than student):		Email:
Reason for Home Schooling (optional):			

PARENT/GUARDIAN AFFIDAVIT

I, _____, Parent/Guardian of the above named school-age minor(s) certify by this affidavit that the school-age minor(s) will attend home school. I assume sole responsibility for the education of the school-age minor(s) except to the extent that the school-age minor(s) is/are dual enrolled in a public school as provided in Section 53A-11-102.5.

I recognize I am solely responsible for:

- 1) The selection of instructional materials and textbooks;
- 2) The time, place, and method of instruction; and
- 3) The evaluation of home school instruction

I understand that my student will not qualify for a high school diploma issued by Alpine School District or any of its schools unless the student meets all Alpine School District graduation requirements.

This affidavit shall remain in effect as long as:

- 1) The school-age minor attends a home school; and
- 2) Alpine School District remains the school-age minor's district of residence

(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: _____

SEAL

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

Note: The information on this form is for school/school district use only. Release of home school student information as "directory information" must be done consistent with federal law.