

NEW RENEWALSchool Year: **2007-2008**

**UNIVERSITY PLACE SCHOOL DISTRICT  
DECLARATION OF INTENT TO HOME SCHOOL**

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 school, approved private school or an extension program of an approved private school, must file an annual declaration of intent in "a format prescribed by the superintendent of public instruction (RCW 28A.225)."

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

**Child(ren's) Name(s)**

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Last Name	First Name	Middle	Date of Birth
<u>    </u> M <u>    </u> F			
<b>Gender</b>	<b>Grade</b>	<b>Resident School</b>	
Has student previously attended a school in University Place School District? <input type="checkbox"/> YES <input type="checkbox"/> NO			

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Last Name	First Name	Middle	Date of Birth
<u>    </u> M <u>    </u> F			
<b>Gender</b>	<b>Grade</b>	<b>Resident School</b>	
Has student previously attended a school in University Place School District? <input type="checkbox"/> YES <input type="checkbox"/> NO			

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Last Name	First Name	Middle	Date of Birth
<u>    </u> M <u>    </u> F			
<b>Gender</b>	<b>Grade</b>	<b>Resident School</b>	
Has student previously attended a school in University Place School District? <input type="checkbox"/> YES <input type="checkbox"/> NO			

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Last Name	First Name	Middle	Date of Birth
<u>    </u> M <u>    </u> F			
<b>Gender</b>	<b>Grade</b>	<b>Resident School</b>	
Has student previously attended a school in University Place School District? <input type="checkbox"/> YES <input type="checkbox"/> NO			

The home-based instruction will be supervised by a person meeting Washington State qualifications pursuant to Chapter 28A.410 RCW (check only if using a certificated teacher).  
Name and phone number: \_\_\_\_\_

\_\_\_\_\_  
PARENT/GUARDIAN NAME (Please Print)                      SIGNATURE                      PHONE

\_\_\_\_\_  
STREET ADDRESS                      CITY                      STATE                      ZIP CODE

\_\_\_\_\_  
DATE

This statement must be filed annually by **September 15th** 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.

**MAIL COMPLETED FORM TO: University Place School District, Home Schooling, 3717 Grandview Dr. W., University Place WA 98466 or Fax to 253-566-5607.**