



BELLINGHAM PUBLIC SCHOOLS
 Attn: Dr. Kenneth D. Vedra
 Superintendent of Schools
 1306 Dupont Street
 Bellingham, Washington 98225
 360.676.6501

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 BY SEPTEMBER 15 or within two weeks of a 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>Neighborhood School</u>	<u>Birth Date</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Will your child(ren) attend school part-time or receive ancillary services? (Ancillary services are services such as counseling, psychological services, speech and hearing therapy, OT/PT services, or sports activities; part-time is defined as receiving any instructional curricular service or activity)
 (If yes, please complete the reverse side of this form). **YES** **NO**

 Parent/Guardian Signature

 Date

 Street Address

 Telephone

 City State Zip

REQUEST FOR PART-TIME ATTENDANCE OR ANCILLARY SERVICES

NAME OF STUDENT _____

Service/course _____ School _____

Service/course _____ School _____

Service/course _____ School _____

Service/course _____ School _____

NAME OF STUDENT _____

Service/course _____ School _____

Service/course _____ School _____

Service/course _____ School _____

Service/course _____ School _____

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