



## DECLARATION OF INTENT TO PROVIDE HOME-BASED INSTRUCTION

I do hereby declare that I am the parent, guardian, or legal custodian of the child(ren) listed below; 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); and if a certificated person will be supervising the instruction, I have indicated this by checking the appropriate space.

Child(ren)'s Name(s)

Last	First	Middle	Birthdate	Grade
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

( ) The home-based instruction will be supervised by a person certificated in Washington State pursuant to chapter 28A.410 RCW.

Signature: \_\_\_\_\_

This declaration is for the  
200\_\_ - 200\_\_ school year.

Address: \_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_ Phone: \_\_\_\_\_

This statement must be filed annually by September 15<sup>th</sup> or within two (2) weeks of the beginning of any public school quarter or semester with the public school district within which the parent resides. Parents may file their declaration of intent with the school district in which they reside or in a school district that has accepted their student pursuant to RCW 28A.225.225, Choice. Mail to:

Mr. Mike Nelson, Assistant Superintendent  
Enumclaw School District  
2929 McDougall Avenue  
Enumclaw, WA 98022

***If you are requesting Part-Time Attendance or Ancillary Services,  
please see the back of this form.***

**REQUEST FOR PART-TIME ATTENDANCE OR ANCILLARY SERVICES  
FROM PRIVATE SCHOOL STUDENT OR A STUDENT RECEIVING  
HOME-BASED INSTRUCTION**

Name of student \_\_\_\_\_ Birthdate \_\_\_\_\_ Grade \_\_\_\_\_

Address of student \_\_\_\_\_

City and zip code \_\_\_\_\_

Name of parent \_\_\_\_\_

Telephone: (Work No.) \_\_\_\_\_ (Home No.) \_\_\_\_\_

Public school where service is requested \_\_\_\_\_

Signature of parent or guardian \_\_\_\_\_ Date \_\_\_\_\_

Service or course requested and date(s) student wants to participate:

Service/course \_\_\_\_\_ Date \_\_\_\_\_

Service/course \_\_\_\_\_ Date \_\_\_\_\_

Service/course \_\_\_\_\_ Date \_\_\_\_\_

Service/course \_\_\_\_\_ Date \_\_\_\_\_

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**IF REQUEST IS MADE BY PRIVATE SCHOOL STUDENT:**

Name of private school \_\_\_\_\_

As the parent of \_\_\_\_\_ I attest that the services requested are not provided in the private school that my child attends.

Services requested \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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