

HOCKINSON SCHOOL DISTRICT

17912 NE 159TH Street
Brush Prairie, WA 98606
(360) 448-6400

DECLARATION OF INTENT

Home-Based Instruction

Hockinson School District

ESD 112-Clark County

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.200 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, have indicated this by checking the appropriate space.

Child(ren)'s Name(s)

Last	First	MI	Birth Date (MM/DD/YYYY)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

- The home-based instruction will be supervised by a person certificated in Washington State pursuant to Chapter 28A.410 RCW.
- Yes, my student is eligible for Special Education services.
- I would like my student(s) to continue to receive Special Education services. (Must complete 'Request for Part-Time Attendance or Ancillary Services' form.)

Signature

Date

Guardian Name _____

Address _____

City _____ State _____ Zip _____

Phone: _____

This statement must be filed annually by September 15 or within two weeks of the beginning of any public school quarter, trimester or semester with the Superintendent of Public School District with which the parent resides.

Send to:

Superintendent
Hockinson School District #98
17912 NE 159th Street
Brush Prairie, WA 98606

For District Office Use

Date Received _____ Received By _____ Family ID No. _____