

# Weber School District

5320 Adams Ave. Parkway

Ogden, UT 84405

801-476-7811

## Affidavit for Home School Instruction

(For students ages 6-18)

Student Name(s)	M / F	Birth Date(s)	Grade	Public school where student would attend	HOME SCHOOL DUAL ENROLLMENT <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please list any classes or activities your student may participate in at the local school (with the principal's permission)
Address: _____ City: _____ Zip: _____ Home Phone: _____					
Parent/Guardian (please print):		Address (if different than student):			E-mail (optional):

- My child(ren) (Names) \_\_\_\_\_ may have a disability which could qualify him/her for state or federal services consistent with the Individuals with Disabilities Education Act. (IDEA) 20 U.S.C. 1401 et. seq. Please contact me with further information.
- My child(ren) (Names) \_\_\_\_\_ has an Individual Education Plan (IEP) under IDEA (20 U.S.C. 1401 et. seq.). My decision to home school does not imply that the public school has not offered a free and appropriate public education. I understand that my child(ren) will no longer receive services under the IEP unless he/she is dual enrolled under 53A-11-102.5 and State Board of Education Rule 277-438.
- By checking the box, the undersigned parent(s) expressly prohibits the release of any and all information contained in this document, including directory information as defined in 20 U.S.C. § 1232g(a)(5)(A).

TO BE SIGNED BEFORE A NOTARY

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_.

Notary Public \_\_\_\_\_

My Commission Expires \_\_\_\_\_ [SEAL]