

**Renewal applications may be completed online**

<http://www.arkansased.gov/divisions/learning-services/home-schools>

## **Notice of Intent to Home School 2016-2017 School Year**

**Submit all written forms to Superintendent's Office ONLY**

Check your local phone book or Arkansas Department Of Education website for district address

Arkansas Department of Education-Home School Office (501) 682-1874  
<http://www.arkansased.gov/divisions/learning-services/home-schools>

Parents or guardians shall deliver written notice in person to the superintendent of their local school district the first time such notice is given.

Notices of Intent may be filed online after the initial year of home school.

The Arkansas Department of Education recommends that you notify the local school district of any change of address or if you discontinue to home school. *In order to maintain legal home school status, current year forms must be filed every year by the established deadlines. During the school year, new forms must be submitted within 30 days of the parent(s) moving to a new school district.*

### **PART A – Please print**

*In accordance with the procedures established for the implementation of Ark. Code Ann. § 6-15-501 et seq., I/we hereby give notice to \_\_\_\_\_, Superintendent of the \_\_\_\_\_ School District, \_\_\_\_\_ County, of my/our intent to provide home instruction to my/our own child(ren) beginning homeschool date for 2016-2017 \_\_\_\_\_ (start date - Month/Day/Year).*

*Current residential address of parent or guardian:* \_\_\_\_\_, \_\_\_\_\_, AR \_\_\_\_\_  
Parent's Street Address City Zip

*Parent's mailing address if different from above:* \_\_\_\_\_, \_\_\_\_\_, AR \_\_\_\_\_  
Parent's Street Address City Zip

*Print Name of parent/guardian:* \_\_\_\_\_ *Phone Number:* \_\_\_\_\_

**Educational Qualifications of Parent/Teacher(s):** *This information is used for statistical purposes only.*

<b>Print or Type Name of Parent/ Guardian</b>	<b>Parent/Guardian (Circle one)</b>	<b>School (Circle highest grade completed)</b>	<b>College (Circle one)</b>	<b>Degree (BA, etc.)</b>	<b>Name &amp; Address of Institution</b>
	Parent    Guardian	6 7 8 9 10 11 12    H.S. Diploma    GED	1 2 3 4 Degree		
	Parent    Guardian	6 7 8 9 10 11 12    H.S. Diploma    GED	1 2 3 4 Degree		

***No approval letter or curriculum will be sent to parents/guardians***

### **DRIVER'S PERMIT/LICENSE SECTION ONLY**

**This section below ONLY APPLIES FOR STUDENTS 14 YEARS OF AGE OR OLDER who are obtaining a driver's permit or license during the 2016-2017 year.**

Arkansas Department of Education Rules and Regulations Governing Home Schools 10.00 States: "A student enrolled in a home school shall present proof of home schooling in the form of a copy of the Notice of Intent to Home School."

Please call the Home School Office at 501-683-5780 if you have questions. Have a copy of this form and a birth certificate when seeking a driver's permit or licenses.

**Revenue Office does require a parent or legal guardian signature in person**

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

**Student Information:**

Name of School Last Attended:

<i>PRINT or TYPE STUDENT'S NAME</i> <i>Please print clearly and legible</i> <i>Give Full Legal Name</i>			Date of Birth Month/Day/Year	Sex (Circle one)	GRADE LEVEL COMPLETED LAST SCHOOL YEAR (Circle one)	GRADE LEVEL STUDEN T IS IN THIS YEAR	6-15-507 allows Home School students to participate in Interscholastic Activities. Check box if student will be enrolled in an activity/class.	Plans to obtain a GED	Type of School Last Attended (Circle one)	
FIRST	MIDDLE	LAST							Public	Parochial Private Home
				M F	0 K 1 2 3 4 5 6 7 8 9 10 11				Public	Parochial Private Home
				M F	0 K 1 2 3 4 5 6 7 8 9 10 11				Public	Parochial Private Home
				M F	0 K 1 2 3 4 5 6 7 8 9 10 11				Public	Parochial Private Home
				M F	0 K 1 2 3 4 5 6 7 8 9 10 11				Public	Parochial Private Home

Form Revised March 2016

**Page Must Be Completed - Curriculum (Required information: DISTRICT OFFICE, do not accept this form if this section is blank.)**

Give a list of the subjects to be taught.

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**Class Schedule (Required information: DISTRICT OFFICE, do not accept this form if this section is blank.)**

Describe the schedule planned for your home school: *(Include the hours per day, days per week, number of weeks)*

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Arkansas Code Annotated § 6-15-501 through § 6-15-508  
2016

Form Revised March

**HOME SCHOOL WAIVER FORM (Do not modify/revise form)**

By my signature below, I hereby certify and agree as follows:

- 1) I am the parent or legal guardian of the child(ren) listed below.
- 2) I have fully read and understand the terms of this waiver.
- 3) As of the date I sign this waiver, I hereby acknowledge that the State of Arkansas is not liable for the education of the child(ren) listed during the time I choose to home school the child(ren).

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date