

**MILLARD COUNTY SCHOOL DISTRICT
AFFIDAVIT FOR HOME SCHOOL INSTRUCTION
(For Students Ages 6-18)**

Student Name(s)	Gender	Birth Date	School Student Would Attend	Grade
Address:		City:	Zip:	Phone #:
Parent/Guardian:		Address (if different than student):		
E-mail:		Reason for Home Schooling:		

PARENT/GUARDIAN AFFIDAVIT

By signing this affidavit, the parent/guardian assumes sole responsibility for the education of the student(s), except to the extent the school-age minor is dual enrolled in a public school under Section 53G-6-202. The parent/guardian is solely responsible for the selection of instructional materials and textbooks, the time, place and method of instruction, and evaluating the home school instruction.

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 Section 53G-6-202 and State Board of Education Administrative rule R277-438.

******* TO BE SIGNED BEFORE A NOTARY *******

By signing this affidavit, I expressly prohibit the release of any and all information contained in this document, including directory information as defined in federal law.

Signature of Parent or Guardian

Date

Subscribed and sworn before me this _____ day of _____, 20____.

Notary Public

My commission expires: _____