

MOSES LAKE SCHOOL DISTRICT #161
920 W. Ivy Avenue
Moses Lake, Washington 98837
(509) 766-2650

ANNUAL DECLARATION OF INTENT TO PROVIDE HOME-BASED INSTRUCTION

A parent who intends to cause his/her child to receive home-based instruction in lieu of attendance or enrollment in a public school, approved private school, or an extension program of an approved private school must file an annual declaration of intent to do so in the format prescribed below:

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.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)

<u>Last</u>	<u>First</u>	<u>Age</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

Signature

Date

Street Address

City State Zip

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

Send annual intent to:

Teresa Johnson
Moses Lake School District
920 W Ivy Ave.
Moses Lake, WA 98837

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

Student Name: _____ Birthdate _____ Grade _____

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 at the private school which my child attends.

Service Area Public School _____

Services Requested _____

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

Service/course _____	Date _____
Service/course _____	Date _____
Service/course _____	Date _____
Service/course _____	Date _____

Parent Signature

Date

Print Name

Phone

Street Address

City State Zip

Return to:

Teresa Johnson
Moses Lake School District
920 W. Ivy
Moses Lake WA 98837