

Statement of Intent to Home Educate

Date filed: _____

(as required by NDCC 15.1-23-02)

Published by the North Dakota Home School Association, P.O. Box 7400, Bismarck, ND 58507-7400 701-223-4080

To: Superintendent of _____ School District or (if no local Superintendent) Superintendent of Schools for _____ County.

Information on parent educator:

Name of parent _____ Phone (optional) _____

Address _____ City _____ ST _____ ZIP _____

Information on child:

Name _____ Address _____

Date of birth _____ Grade level _____

Parent educator's qualifications: *Parent educator need qualify under only ONE of the following provisions.*

____ 1. I am a North Dakota state-certified teacher. Attached is a copy of my certificate or it is already on file in this public school.

OR

____ 2. I have a baccalaureate degree. Attached is a copy of my college degree or it is already on file in this public school..

OR

____ 3. I have taken a national teacher exam and have met or exceeded the cut-off scores.

Attached is a copy of my scores or it is already on file in this public school.

OR

____ 4. I have a high school diploma or G.E.D. (attached is copy of my diploma/G.E.D. certificate or it is already on file) and will operate under the monitoring provision of the law. (Check one of the following.)

____ I am requesting a monitor provided by my local school district.

____ I have employed a state-certified teacher to act as my monitor. His/her name and proof of credentials are attached.

____ Monitoring requirements of NDCC section 15.1-23-06 have been fulfilled.

Public school/non-public school participation:

My child will participate in the following at _____ (my local public school):

Academic CoursesExtra-curricular activities

My child will participate in the following *extra-curricular activities* at _____ (an approved non-public school):

Proof of immunization or exemption:*Note to parent educators: If you are philosophically, morally or religiously opposed to government-mandated immunizations you may opt out of this requirement. Be sure to fill in the appropriate section on the N.D. Department of Health's immunization form.*

____ Attached is a copy of my child's immunization record or statement of exemption.

____ My child's immunization record/statement of exemption is already on file at this public school and nothing has changed since filed.

Proof of identity as it relates to NDCC 54-23.2-04.2:*Note to parent educators: Proof of identity as described in the North Dakota Century Code is "a certified copy of a birth certificate, a certified transcript, or similar student records from the previous school, or any other documentary evidence the school, licensed day care facility, or school superintendent considers appropriate proof of identity."*

____ Attached is my child's proof of identity.

____ My child's proof of identity is already on file at this public school.

(parent educator's signature)_____
(parent educator's signature)_____
(date)

One parental signature is adequate. No signature by a school superintendent is required. This form is not a request for permission to home educate it is notification of intent to do so.