

Statement of Intent to Home Educate

Date filed: _____

(as required by NDCC 15.1-23-02)

Published by the North Dakota Home School Association, 1854 107th St. NE, Bottineau, ND 58318-8050 701-263-3727

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):

<u>Academic Courses</u>	<u>Extra-curricular activities</u>	
_____	_____	_____
_____	_____	_____

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)

 (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.