AFFIDAVIT OF INTENT FOR PRIVATE SCHOOL

Child's legal last name	Middle		Date of Birth		School district of residence				
Name(s) of the parent(s) or person(s) with custody of the child					_	Daytime telephone numbers			
			AZ					AZ	
Physical address(es) of the	person(s) with	custody of the child		Zip code		Mailing a	ddress (if different)	Zip code	
Name of private school				Address of private school Zip code			Zip code		
I understand that an Affiday not required thereafter unle must be instructed in at leas who has custody of the chil program that the child is no person who has custody of thirty days (A.R.S. §15-802)	ss the private s st the subjects d shall notify th longer being ir the child shall	school instruction is term of reading, grammar, ma e County School Superi nstructed in a private sch	inated and the athematics, so ntendent within ool. If private	en resumed. I und cial studies and so n thirty days of the school instruction	erstand the chil- cience. The per e termination of the is resumed, the	d rson the e	For County Of	fice use only	
Signature of parent or pe	rson with cus	tody							
State of Arizona, County of									
SUBSCRIBED AND SWOF	N TO before m	ne this day	of	, 20_					
My Commission Expires					Return signed a		rized affidavit, alonç to:	g with proof of	
Rev. 07/16				2 1	200 N Stone <i>A</i> Mailstop: DT	County School Superintendent's Office Stone Avenue op: DT-200NSTONE-1 n, AZ 85701-1208			