

Fife School District #417

_____ **School year**

REQUIRED INFORMATION FOR INTENT TO PROVIDE HOME-BASED INSTRUCTION

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.27 RCW, Compulsory Attendance; I intend to cause said child(ren) to receive home-based instruction as specified in RCW 28A.27.010(4); and if a certificated person will be supervising the instruction, I have indicated this by checking the appropriate space.

The home-based instruction will be supervised by a person certificated in Washington State pursuant to Chapter 28A.70 RCW.

Note: If the student is planning on receiving credit (grades 9 – 12) toward graduation, please review your program with a high school counselor prior to homeschooling.

Child(ren)'s Name				Last School	Grade	Current
Last,	First	M.I.	Birthdate	Attended	Completed	Grade
(1) _____	_____	_____	_____	_____	_____	_____
(2) _____	_____	_____	_____	_____	_____	_____
(3) _____	_____	_____	_____	_____	_____	_____
(4) _____	_____	_____	_____	_____	_____	_____
(5) _____	_____	_____	_____	_____	_____	_____

Parent/Guardian Signature

Date

Parent/Guardian Name

Home Address

Street

Day Phone

City

State

Zip

**Return to: Ben Ramirez, Asstistant Superintendent
Fife School District #417
5802 – 20th St. E.
Tacoma, WA 98424**

Date received _____

Fife School District use only

TO PARENT/GUARDIAN: If you indicate that you are interested in some or all of the potential services (listed below), we will send a copy of this form to the principal of the school where your child(ren) would have attended were he/she/ enrolled this year. To discuss/arrange for any of the services you have requested, please call the principal or school secretary directly.

OPTIONAL INFORMATION FOR HOME-BASED INSTRUCTION

FOR: _____
Name(s) of Child(ren)

I am currently planning to homeschool my child(ren) from _____ to _____.
(date) (date)

I (do) (do not) grant permission for Fife School District to list my *name, home address and phone number* on a register of other homeschooling parents within Fife School District for the purpose of possibly starting a support group or coop?
(Please Initial) _____

Comments:

POTENTIAL SERVICES

- a. Loan of instructional materials, if available. A deposit may be required.
- b. Beginning at 3rd Grade:
Smarter Balanced Assessment (SBAC)
Grades 5 and 8: Science
Grade 10: EOC, Biology
- c. School newsletter mailings
- d. Other (please list):

Building Principals: Discovery Primary School, Julie Bartlett, 253-517-1200
Endeavour Intermediate School, Josh Goodman, 253-517-1400
Hedden Elementary School, Teresa Sinay, 253-517-1500
Surprise Lake Middle School, Jim Snider, 253-517-1300
Columbia Junior High, Mark Robinson, 253-517-1600
Fife High School, Ron Ness, 253-517-1100