

Snoqualmie Valley School District

8001 Silva Ave. SE/P.O. Box 400, Snoqualmie, WA 98065
Phone (425) 831-8000 ~ Fax (425) 831-8040 ~ www.svsd410.org

Declaration of Intent to Provide Home-Based Instruction

School Year _____

A parent who intends to cause his/her child or children 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; that said child(ren) is (are) between the ages of 8 and 18 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)

Birthdate

_____	_____
_____	_____
_____	_____

*Policy #2410 – High School Graduation Requirements

Home-based coursework will not qualify for Snoqualmie Valley School District credit and will not be counted on a high school transcript towards a diploma, as it is not being completed at an approved public or private school. A diploma, however, may be earned through parent(s) or other outside agencies.

() 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 Code

This statement must be filed annually by September 15 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 to:

Superintendent
Snoqualmie Valley School District
P.O. Box 400
Snoqualmie WA 98065

Or

Send electronically to:
Christi Wright
wrightc@svsd410.org
425/831-8007

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*Additional Information (not required by Washington State law) for
Snoqualmie Valley School District*

School Year: _____

	Child(ren)'s Name(s)	Birthdate	Age	Grade
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

School last attended: _____ District: _____

Will your child(ren) also be attending one of our schools as well as being home schooled?
If so, which school and for what classes?

Parent or Guardian Name (Please Print): _____

Street Address/PO Box _____ City _____ State _____ Zip _____

Telephone number: _____

Email address: _____

Parent or Guardian Signature: _____

Date: _____

Please send to:

Dr. Lance Gibbon, Superintendent
PO Box 400
Snoqualmie, WA 98065

OR

Please send electronically to:
Christi Wright
wrightc@svsd410.org
425-831-8007