



HOME SCHOOL DECLARATION 2023-2024

Student Name: _____ Age: _____ Date of Birth: _____

Present Grade: _____ (Fox) School child would attend if not being home schooled: _____

Name of Program: _____

Home School

Address: _____ City: _____ State: _____ Zip: _____

Phone# _____ Name of Teacher: _____

Did Child have an IEP: _____ Do you wish to continue services? _____

Parent Name: (please print) _____

Parent

Signature: _____ Date: _____ Phone: _____

Address _____ City: _____ State: _____ Zip: _____

NO LONGER CONTINUING HOME SCHOOL FOR 2023-2024

_____ No, my child will no longer participate in the home school program

If your child is no longer being home schooled, please advise the status of schooling.

Student Name: _____ Age: _____ Date of Birth: _____

Name of School: _____

City: _____ State: _____ Zip: _____

Graduated from: _____ Date: _____

Withdrew/Dropped out: _____ Date: _____

Parent Name: (please print) _____

Address: _____ City: _____

State: _____ Zip: _____

Parent Signature: _____ Date: _____ Phone: _____