TOOELE COUNTY SCHOOL DISTRICT AFFIDAVIT AND EXEMPTION CERTIFICATE FOR HOME SCHOOL INSTRUCTION

Student(s) #	Student Name(s)		Birth Date(s)	New/Renew	School student should attend in your area	Please list any classes or activities your student may participate in at the local school with the principal's permission
Address:		City:			Zip:	Home Phone:
Parent/Guardian:		Address (if different than student):			E-mail (optional):	Work Phone:
Reason for Ho	me Schooling (optional):	I				

PARENT/GUARDIAN AFFIDAVIT						
I,						
I have read this agreement and understand my obligations as a home school parent.						
TO BE SI	GNED BEFORE A NOT	ARY:				
Parent/Guardian Signature:					Date:	
Subscrib	ed and sworn to befor	e me this _	day of			, 20
My Commission expires: Notary Public						
	at:					
_						