

## AFFIDAVIT AND EXEMPTION CERTIFICATE FOR HOME INSTRUCTION

(For Students Ages 6-18)

If your student is enrolled full time in an on-line, private, or a charter school, you do not need to complete this affidavit.

If you live outside the Canyons District boundaries, you must complete the Home School Affidavit where you reside.

| Student Name(s)                                                                                                                                                                                                                                                   | Birth Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Student ID #                                                                                                                            | School Student(s) Currently Attends                                                                                                                                                                        |
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| Address:<br>City:                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                         | Reason for Home Schooling(optional):                                                                                                                                                                       |
| Zip:                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                         |                                                                                                                                                                                                            |
| Parent/Guardian:                                                                                                                                                                                                                                                  | Home Phone:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                         | Work Phone:                                                                                                                                                                                                |
| Email:                                                                                                                                                                                                                                                            | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ·                                                                                                                                       |                                                                                                                                                                                                            |
|                                                                                                                                                                                                                                                                   | PARENT/GUAR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | DIAN AFFIDAVIT                                                                                                                          |                                                                                                                                                                                                            |
|                                                                                                                                                                                                                                                                   | , (Parent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | /Guardian) of the abov                                                                                                                  | re named student(s), declare my intent to hom                                                                                                                                                              |
| thool my student(s). I understand and a                                                                                                                                                                                                                           | gree:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                         |                                                                                                                                                                                                            |
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| 2. I am solely responsible for the selection                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                         | ation                                                                                                                                                                                                      |
| <ul><li>3. I am solely responsible for the setti</li><li>4. I am solely responsible for the evaluation</li></ul>                                                                                                                                                  | = .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                         | ction.                                                                                                                                                                                                     |
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| ny of its schools.                                                                                                                                                                                                                                                | ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | -                                                                                                                                       |                                                                                                                                                                                                            |
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| nding of child abuse or neglect against n                                                                                                                                                                                                                         | <mark>ne.</mark>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                         |                                                                                                                                                                                                            |
| ot provide a free and appropriate public                                                                                                                                                                                                                          | education, and I understa                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | nd and agree that my                                                                                                                    | student has no individual right to receive some                                                                                                                                                            |
| ot provide a free and appropriate public<br>r all of the special education and related<br>ave arranged for dual enrollment consis                                                                                                                                 | education, and I understa<br>services he/she would red<br>tent with state law, Sectio                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | nd and agree that my serve if enrolled in a pund 153G-6-702 and Utah                                                                    | student has no individual right to receive some<br>ablic school in Canyons School District, unless I<br>State Board of Education Rule, R277-438.                                                           |
| ot provide a free and appropriate public<br>r all of the special education and related<br>ave arranged for dual enrollment consis                                                                                                                                 | education, and I understa<br>services he/she would red<br>tent with state law, Sectio                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | nd and agree that my serve if enrolled in a pund 153G-6-702 and Utah                                                                    | student has no individual right to receive some<br>ablic school in Canyons School District, unless I<br>State Board of Education Rule, R277-438.                                                           |
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