



**AFFIDAVIT AND EXEMPTION CERTIFICATE FOR HOME INSTRUCTION**  
**(For Students Ages 6-18)**

If you are attending the on-line K-12 school in Alpine, Davis, Washington, Provo, My Tech High, or the Utah Virtual Academy or enrolled at any charter school full-time, you are enrolled in a Utah Public School and do not need to complete this affidavit.

| Student Name(s)                       | Birth Date                         | Student ID #     | School Student(s) Currently Attends |
|---------------------------------------|------------------------------------|------------------|-------------------------------------|
|                                       |                                    |                  |                                     |
|                                       |                                    |                  |                                     |
|                                       |                                    |                  |                                     |
| Address:<br>City:<br>Zip:             |                                    |                  | Home Phone (optional):              |
| Parent/Guardian:                      | Address (if different than above): | Email(optional): | Work Phone (optional):              |
| Reason for Home Schooling (optional): |                                    |                  |                                     |

**PARENT/GUARDIAN AFFIDAVIT**

By signing this affidavit, the parent/guardian assumes sole responsibility for the education of the student(s), except to the extent the school-age minor is dual enrolled in a public school under Section 53A-11-102.5. The parent/guardian is solely responsible for the selection of instructional materials and textbooks, the time, place and method of instruction, and evaluating the home school instruction.

- My child(ren) (Names) \_\_\_\_\_ may have a disability, which could qualify him/her for state or federal services consistent with the Individuals with Disabilities Education Act (IDEA), 20 U.S.C. 1401 et.seq. Please contact me with further information.
- My child(ren) (Names) \_\_\_\_\_ has an Individual Education Plan (IEP) under IDEA, 20 U.S.C. 1401 et.seq. My decision to home school does not imply that the public school has not offered a free and appropriate public education. I understand that my child(ren) will no longer receive services under the IEP unless he/she is dual enrolled under Section 53A-11-102.5 and State Board of Education Administrative rule R277-438.

The undersigned parent(s) expressly prohibits the release of any and all information contained in this document, including directory information as defined in 20 U.S.C. 1232g(a)(5)(A).

\_\_\_\_\_  
 Department of Planning & Enrollment Signature Date

**TO BE SIGNED BEFORE A NOTARY:**

\_\_\_\_\_  
 Signature of Parent/Guardian Printed Name of Parent/Guardian Date

Subscribed and sworn before me this \_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

\_\_\_\_\_  
**Notary Public**  
**My commission expires:** \_\_\_\_\_