CANYONS
School District
"Celebrating the Highest Standards of Educational Excellence"

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

Student Name(s)	Birth Date	Student ID #	School Student(s) Currently Attends
Address: City: 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: _____