Office of the Maricopa County
School Superintendent
Steve Watson

PRIVATE SCHOOL AFFIDAVIT OF INTENT

_____/_____/_____

STUDENT INFORMATION (LAST, FIRST, MIDDLE) **DATE OF BIRTH** **SCHOOL DISTRICT #**

_____

HOME ADDRESS **CITY** **STATE** **ZIP CODE** **PREVIOUS SCHOOL**

_____

PARENT/GUARDIAN INFORMATION **TELEPHONE NUMBER**

PRIVATE SCHOOL INFORMATION:

_____

PRIVATE SCHOOL NAME

_____

ADDRESS **CITY** **STATE** **ZIP**

ARIZONA STATE PRIVATE SCHOOL LAWS FOR REGISTRATION AS PRESCRIBED BY THE ARIZONA REVISED STATUTES:

15-802 A: Every child between the ages of six and sixteen years shall attend a school and shall be provided instruction in at least the subjects of reading, grammar, mathematics, social studies and science. The person who has custody of the child shall choose a public, private or charter school or a homeschool as defined in this section to provide instruction.

Parents are not required to submit an Affidavit if the child has an Empowerment Scholarship Account Program(ESA).

AUTHORIZATION:

_____

PARENT/GUARDIAN SIGNATURE

Subscribed and sworn (or affirmed) before me this: STATE OF: _____

_____ day of_____, 20_____. COUNTY OF: _____

_____

NOTARY SIGNATURE

NOTARY SEAL

FOR OFFICE USE ONLY

Submit this form either by mail or in person to the Private School Services Division at the address listed on the bottom of this page.

4041 N. Central Avenue, Ste. 1200, Phoenix AZ 85012 • Phone 602-506-3866 • Fax 602-506-3753 • Private School Hotline 602-506-3144