



NORTH THURSTON PUBLIC SCHOOLS

Ignite Family Academy, Phone: 360-412-4907
4111 6th Ave NE, Lacey WA 98516

Declaration of Intent to Provide Home-based Instruction

A parent who intends to cause his/her child or children to receive home-based instruction in lieu of attendance or enrollment in a public school, approved private school, or an extension program of an approved private school, must file an annual declaration of intent to do so in the format prescribed below:

I do hereby declare that I am the parent, guardian, or legal custodian of the child(ren) listed below; and that said child(ren) is (are) between the ages of eight and eighteen and as such are subject to the requirements found in Chapter 28A.225 RCW, Compulsory Attendance; I intend to cause said (child(ren)) to receive home-based instruction as specified in RCW 28A.225.010(4); and if a certified person will be supervising the instruction, I have indicated this by checking the appropriate space below:

School Year _____

Children(ren)'s Names(s)	Age:	----- Optional Fields -----		
		Birth Date:	Grade Level:	Neighborhood School:
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Check one of the following boxes:

- ☐ The home-based instruction will be supervised by a person other than the parent who is certified in the State of Washington pursuant to Chapter 28A.410 RCW.
- ☐ The parent will be providing home-based instruction.

Requirements to provide home-based instruction as listed in RCW 28A.225.010(4):

- ☒ The parent has earned 45 college-level quarter hours or the equivalent in semester hours; **or**
- ☒ The parent has completed a course in home-based instruction at a post-secondary institution; **or**
- ☒ The parent has been deemed qualified by the superintendent of the district in which the student lives.

This statement must be filed annually by September 15 or within two weeks of the beginning of any public-school quarter, trimester, or semester with the superintendent of the public school district within which the parent resides. (Chapter 28A.200RCW)

Parent Signature

Date

Print Name

Home Phone (optional)

Street Address (No P.O. Box)

Parent Email (optional)

City, State, Zip Code

Please return to: Ignite Family Academy

4111 6th Ave NE, Lacey WA 98516

NTPShomeschool@nthurston.k12.wa.us

Reason for choosing Home-based Instruction (optional):

----- Office Use Only -----

Staff Signature: _____ Received: _____

Part-Time: ☐ Sports Only ☐ Academic (Band - Orchestra - SpEd – Specialist - Other) ☐ Ignite Family Academy
Running Start: ☐ Full Time ☐ Part Time

School: _____