AFFIDAVIT OF INTENT FOR PRIVATE SCHOOL

Child's legal last name	First	Middle		Date of Birth		School district of resid	lence
Name(s) of the parent(s) or person(s) with custody of the child						Daytime telephone numbers	
			Δ7	,			AZ
Physical address(es) of the p	person(s) with a	custody of the child	/\2	Zip code	Mailin	g address (if different)	Zip code
Name of private school				Addres	Address of private school Zip code		
I understand that an Affidavir not required thereafter unles must be instructed in at leas who has custody of the child program that the child is no I person who has custody of the thirty days (A.R.S. §15-802)	s the private so the subjects o shall notify the onger being ins ne child shall fil	hool instruction is to f reading, grammar, County School Sup structed in a private	erminated and the mathematics, so perintendent with school. If private	en resumed. I und ocial studies and so in thirty days of the e school instruction	erstand the child ience. The person termination of the is resumed, the	For County Of	fice use only
Signature of parent or per	son with custo	ody					
State of Arizona, County of _							
SUBSCRIBED AND SWOR	NTO before me	e this d	lay of	, 20_			
My Commission Expires					Return signed and no child's age and identi	tarized affidavit, along ty to:	g with proof of
Rev. 07/16					Pima County School Superintendent's Office 200 N Stone Avenue Mailstop: DT-200NSTONE-1 Tucson, AZ 85701-1208		