

Letter of Intent to Continue Homeschooling

(Use this form annually after filing the *Initial Report to Superintendent* with your school district.)

Pursuant to Minnesota Statute 13.32 Subd. 4a., the information on this form is private and confidential. This information may not be used as directory information by the district nor may the district disclose this information to third parties without the written consent of the parents. Unauthorized release of this private data by the school district or its officials would subject the offender to penalties pursuant to the M.S. 13.08 and 13.09.

To (name & number of school district):

From (parent's

name): _____ **Date:** _____

Address (street, city, state, zip

code): _____

Pursuant to Minnesota Statute 120A.24 Subd. 1(b), we provide you with this letter of intent to continue our home education as reported previously and on file in your district office.

The following are changes and additions for this reporting period (if any):

New student(s) to report: (Provide name, date of birth, and address if different from residence.)

First and Last Name of child(ren) Birthdate Address (if different than parent's address)

Immunization information: If you are reporting a student who was listed above for the first time or one of your students has reached seventh grade (age 12), attach either an immunization statement or a notarized statement of conscientious exemption to immunizations because of the beliefs of the parent or guardian (if not already on file at the current school district).

New immunization records are attached for the following children (include age):

Assessment changes: Report any changes in the assessment or method of assessment other than previously reported. If no change is listed below for any child listed above as a new student, we will

be using the previously reported tests and administration procedures. Agreement with these arrangements is assumed unless the non-public school is contacted in a timely manner.

The following nationally norm-referenced standardized achievement test will be used:

Test Name: _____

Administrator and Location: _____

Other changes (if any) to the reports on file for addresses, instructor information, and accreditation: _____

MÂCHÉ gives permission to photocopy this page only in its entirety, without changes or additions.
>> Photocopy this completed report and file it with your family's permanent records. <<