COCONINO COUNTY ARIZONA
SUPERINTENDENT OF SCHOOLS

COCONINO SUPERINTENDENT CHERYL MANGO-PAGET
PRIVATE SCHOOL AFFIDAVIT OF INTENT

Please submit form to Coconino County Superintendent of Schools, 2384 N. Steves Blvd., Flagstaff, AZ 86004 (928) 679-8070

STUDENT INFORMATION:

_____ _____/_____/_____
STUDENT INFORMATION (LAST, FIRST, MIDDLE NAME) **DATE OF BIRTH**

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

_____
MAILING ADDRESS **CITY** **STATE** **ZIP**

_____ _____ _____
PARENT/GUARDIAN EMAIL ADDRESS **TELEPHONE** **PRIVATE SCHOOL NAME**

SCHOOL DISTRICT OF RESIDENCE: _____

Please initial below where applicable. ARS 15-828:

___ I am responsible to notify the Office of Coconino County School Superintendent when my child stops attending this private school.

___ I am responsible to notify the Office of Coconino County School Superintendent when my child's address changes.

ARS 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 homeschool as defined in this section to provide instructions.

My child is attending the above named regularly organized private school.

_____
PARENT/GUARDIAN (PRINT NAME)

_____
PARENT/GUARDIAN (SIGNATURE)

_____
Cheryl Mango-Paget, Coconino County Superintendent of Schools

NOTARY INFORMATION:

State of _____ County of _____
Subscribed and sworn before me this _____ day of _____ 20 _____
By _____ Commission expires _____

Notary Seal: