



**Declaration of Intent
to Provide Home-Based Instruction
for
2024-2025**

**Spokane Public Schools
ESD 101/Spokane County**

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 8 and 18, 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 certificated person will be supervising the instruction, I have indicated this by checking the appropriate space.

CHILD(REN)'S NAME(S)	BIRTHDATE	*GRADE	*SCHOOL STUDENT WOULD BE ATTENDING

The home-based instruction will be supervised by a person certificated in Washington State pursuant to chapter 28A.410 RCW.

Signature: _____ Date: _____

Printed Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

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/guardian resides.

Please return the completed form to:

**Dr. Adam Swinyard, Superintendent
Bryant Campus
910 N. Ash St.
Spokane, WA 99201**

*While these two shaded areas (**Grade and School Student Would Be Attending**) are not on the OSPI sample DOI format, we are asking you to save us time by adding this information so we can complete our required reports.

**Request for Part-Time Attendance or Ancillary Services
From Private School Student or a Student Receiving
Home-Based Instruction
2024-2025**



Please Check One: Home School Private School

“The board of directors of any school district is authorized and, in the same manner as for other public school students, shall permit the enrollment of and provide ancillary services for part-time students” (Reference RCW 28A.150.350).

In accordance with District Policy 3114, students legally residing in Spokane Public Schools and attending home based instruction, private school, or a work training program are eligible to attend district classes and receive ancillary services on a part-time basis.

Student’s Name: _____ Birthdate: _____ Grade: _____

Student’s Address: _____

City: _____ State: _____ Zip Code: _____

Parent/Guardian’s Name: _____

Telephone: (Work) _____ (Home) _____

(To be completed jointly with school counselor)

PUBLIC SCHOOL WHERE SERVICE IS REQUESTED (RESIDENT SCHOOL) _____

Service or course requested and date(s) student wants to participate:

Service/Course: _____ Semester: _____ Hour(s): _____

Service/Course: _____ Semester: _____ Hour(s): _____

Service/Course: _____ Semester: _____ Hour(s): _____

Service/Course: _____ Semester: _____ Hour(s): _____

IF REQUEST IS MADE BY PRIVATE SCHOOL STUDENT:

Name of private school: _____

As the parent/guardian of _____, I certify that this student is a private school student, and I attest that the services requested are not available in the private school that my child attends.

Transportation is the responsibility of the parent/guardian. Transportation for field trips may be provided. Transportation which is required to fulfill a condition for the receipt of federal funds may be provided.

Parent/Guardian’s Signature: _____ Date: _____

SPS Principal’s Signature: _____ Date: _____

RESIDENT SCHOOL- Distribute copies as follows: Home School Students-copy to Bryant Campus, copy to school attending, copy to parent/guardian. If student is receiving speech or hearing therapy, copy to Special Education, Administration Building.

Retain this record for three (3) years