CASCADE SCHOOL DISTRICT #228

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 local 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).

CHILD(REN)'S NAME(S):

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Home-based instruction will be supervised by a person certificated in Washington State pursuant to Chapter 28A.410 RCW. The supervision consists of and includes planning of objectives by the certificated person and the parent, a minimum each month of an average of one contact hour per week with the child being supervised by the certificated person, and evaluation of the child’s progress by the certificated person. The number of children supervised by the certificated person shall not exceed 30. [ ] Yes [ ] No

Home-based instruction will be provided by a parent who is instructing his or her child only and who has either earned 45 college-level credit hours or the equivalent in semester hours or has completed a course in home-based instruction at a postsecondary institution or a vocational-technical institute. [ ] Yes [ ] No

Home-based instruction will be provided by a parent with other qualifications (please attach them). [ ] Yes [ ] No

Instruction will be provided by a non-approved private school. [ ] Yes [ ] No

Provide name here: __________________________________________

I understand that a standardized achievement test, approved by the State Board of Education, must be administered annually to the child by a qualified individual or that an annual assessment of the student’s academic progress is written by a certificated person who is currently working in the field of education. The results of the standardized test or the annual academic progress assessment shall be made a part of the child’s permanent records. If, as a result of the annual test or assessment, it is determined that the child is not making reasonable progress consistent with his or her age or stage of development, the parent shall make a good faith effort to remedy any deficiency.

Parent Signature __________________________________________ Date: ________________

Address: __________________________________________________________

Phone Number: ______________________ Email: __________________________

Approved by superintendent: ________________________________________ Date: ________________

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.

Send to: Superintendent
Cascade School District #228
330 Evans Street
Leavenworth, WA 98826
CASCADE SCHOOL DISTRICT #228

Request for Part-Time Attendance or Ancillary Services from a Private School Student or Home-Based Student

Name of student: ___________________________ Birthdate: ______________ Grade: ____________

Address: _______________________________________________________________________

________________________________________________________________________________

Name of Parent: __________________________________________________________________

Telephone: (home) ___________________________ (work) ___________________________

IF REQUEST IS MADE BY PRIVATE SCHOOL STUDENT:

Name of Private School: __________________________________________________________________

As the parent of ____________________________, I attest that the services requested are not provided in the private school that my child attends.

Services requested: ______________________________________________________________________

________________________________________________________________________________

Public school where service is requested: _______________________________________________

________________________________________________________________________________

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

Service/course: ___________________________ Date: ____________

Service/course: ___________________________ Date: ____________

Service/course: ___________________________ Date: ____________

Service/course: ___________________________ Date: ____________

Service/course: ___________________________ Date: ____________

Signature of parent/guardian: ___________________________ Date: ____________

Approved by superintendent: ___________________________ Date: ____________