

Tennessee Notice of Intent to Home School

To be completed by school system:	
School system name:	System number:
Date received:	
Received by name:	
Signature:	
Title:	

This form should be completed only by parent(s) or legal guardian(s) conducting an **independent home school** under the supervision of the superintendent of a local education agency (LEA). Parents enrolling their child in an approved church-related "umbrella" school or accredited online school do not need to submit this form.

"Home schools" are schools conducted by parents or legal guardians for their own children, which are distinct from degree-granting online or distance education schools. This form may be utilized as notice of your intent to conduct an independent home school, meaning that you will serve as the primary teacher for the student(s) as permitted by Tenn. Code Annotated § 49-6-3050. **Please complete both pages of the form and return both pages to your local public school system office before the start of each school year.**

PLEASE PRINT

Part 1. Student Information

A. **Grades K-8:** For each student in grades K-8, please list the following information:

1.	Last name	First name	Grade	Subjects to be taught
	Age	Birthdate	Social security number (optional)	
				Proposed hours of instruction per day:
2.	Last name	First name	Grade	Subjects to be taught
	Age	Birthdate	Social security number (optional)	
				Proposed hours of instruction per day:
3.	Last name	First name	Grade	Subjects to be taught
	Age	Birthdate	Social security number (optional)	
				Proposed hours of instruction per day:
4.	Last name	First name	Grade	Subjects to be taught
	Age	Birthdate	Social security number (optional)	
				Proposed hours of instruction per day:

B. **Grades 9-12:** For each student in grades 9-12, please list the following information:

1.	Last name	First name	Grade	Subjects to be taught
	Age	Birthdate	Social security number (optional)	
				Proposed hours of instruction per day:
2.	Last name	First name	Grade	Subjects to be taught
	Age	Birthdate	Social security number (optional)	
				Proposed hours of instruction per day:

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Part 2. Parent Information

Please provide information **only** for the parent(s) or legal guardian(s) who will teach. Legal guardian(s) will need to present proof of guardianship.

Last Name

First Name

- A. Name of parent(s) or guardian(s) (Mother) _____
(Father) _____
or
(Guardian) _____

B. Contact Information

Home (Mailing Address) _____

City _____ Zip Code _____

Home (Physical Address) _____

City _____ Zip Code _____

Phone Number (_____) _____

Email Address _____

C. Parent/Guardian Educational Background (**complete only for parent(s)/guardian(s) who will teach**)

1. For grades K-12, I have a high school diploma or equivalency credential. _____ Yes _____ No
2. If mailing this form, please attach documentation of qualifying education. If presenting this form in person, please bring documentation of your qualifying education for school staff to verify.

Parent/Guardian Signature

Date