

TENNESSEE NOTICE OF INTENT TO HOME SCHOOL

To be completed only by parent(s) conducting a home school under the supervision of the superintendent of a local education agency (LEA).

A "home school" is a school conducted by parent(s) or legal guardian(s) for their own children. This form may be utilized as notice of your intent to conduct a home school as permitted by T.C.A. § 49-6-3050. Please complete both pages of the form and return both pages to your local public school superintendent's office prior to each school year.

PLEASE PRINT

Part 1. Student Information

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

Last Name	First Name	Grade	Subjects to be taught
1.			
Age: (Optional)	Social Security No.:		
2.			
Age: (Optional)	Social Security No.:		
3.			
Age: (Optional)	Social Security No.:		
4.			
Age: (Optional)	Social Security No.:		

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

Last Name	First Name	Grade	Course of Study	Subjects to be taught
1.				
Age (Optional)	Social Security No.			
2.				
Age (Optional)	Social Security No.			

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Part II. Parent Information

Provide information only for parent(s) or guardian(s) who will teach.

	Last Name	First Name
A. Name of parent(s) or guardian(s)	(mother)	_____

B. **(List ONLY parent(s) or guardian(s) who will teach)**

(father)_____

or

(guardian)_____

C. Contact Information:

Home (mailing address) _____

City_____ Zip Code_____

Phone Number (_____)_____

D. Parent's or guardian's education background

(Complete ONLY for parent(s) or guardian(s) who will teach)

1. For grades K-12, I have a GED or high school diploma ____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.

Part III. Health Records

Please attach documentation indicating that student(s) have received immunizations as required by T.C.A. § 49-6-5001.

Parent/Guardian Signature _____

Date _____

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