Murray School District Home School Affidavit

Date:						School Year: 2024-25
Grade	Student Name	M/F	Birthdate		School student should attend	Please list any classes your child may participate in with principa permission.
Address:				City:		Zip:
Parent/Guardian:				Home Pl	none:	Work Phone:
Email (optional):				Reason for Home Schooling (optional):		
 I am so public s I am so I am so I am so 	I understand and agree lely responsible for the	: education o cting instruc ing the time	f my stude ctional mat , place and	nt(s), exc erials and I method	ept to the extent my I textbooks. of instruction.	e my intent to home school my v student is dually enrolled in
•	ponsibility for my stude			may not d	ualify for a high sch	ool diploma issued by the
school distr no individu public scho Section 530	rict did not provide a fre al right to receive some	ee and appro or all of the hool District Board of Edu	ppriate pub special ed , unless I h ucation rul	lic educa ucation a ave arran e, R277-4	tion and I understan nd related services I ged for dual enrollm 38.	es not in any way imply that the d and agree that my student has ne would receive if enrolled in a nent consistent with state law,
Parent/Guardian Signature:				Date:		