

## Tennessee Notice of Intent to Home School

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

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

“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 a home school, meaning that you will serve as the primary teacher for the student(s) 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 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)	
2.	Last name	First name	Grade	Subjects to be taught
	Age	Birthdate	Social security number (optional)	
3.	Last name	First name	Grade	Subjects to be taught
	Age	Birthdate	Social security number (optional)	
4.	Last name	First name	Grade	Subjects to be taught
	Age	Birthdate	Social security number (optional)	

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)	
2.	Last name	First name	Grade	Subjects to be taught
	Age	Birthdate	Social security number (optional)	

## Tennessee Notice of Intent to Home School

### Part 2. Parent Information

Please provide information **only** for the parent(s) or guardian(s) who will teach.

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 \_\_\_\_\_

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 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 3. Health Records

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

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date