

School System Name \_\_\_\_\_ No. \_\_\_\_\_

Date Received by School System \_\_\_\_/\_\_\_\_/\_\_\_\_  
(To be completed by School System)

**TENNESSEE NOTICE OF INTENT TO HOME SCHOOL FORM**

To be completed only by parent(s) conducting a home school under the supervision of the superintendent of local a 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 by August 1 without a fee. Registration can take place between August 1 and September 1 with a \$20 late fee per week or portion thereof up to a maximum of \$80 per family. If you decide after August 1 to discontinue home schooling or have a change of address, please notify your local public school superintendent as soon as possible. Superintendent may waive September 1 deadline for “good and sufficient” reasons.**

**PLEASE PRINT**

**Part I. 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	Social Security No. (Optional)		
2.			
Age	Social Security No. (Optional)		
3.			
Age	Social Security No. (Optional)		
4.			
Age	Social Security No. (Optional)		

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	Social Security No. (Optional)			
2.				
Age	Social Security No. (Optional)			

\*Designate General or College Preparatory

**TENNESSEE NOTICE OF INTENT TO HOME SCHOOL FORM (cont'd)**

**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) <b>(List ONLY parent(s) or guardian(s) who will teach)</b>	(mother) _____	_____
	(father) _____	_____
	(guardian) _____	_____

**B. Contact information:**

Home (mailing) Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number (\_\_\_\_\_) \_\_\_\_\_

**C. Parent's or guardian's Education Background  
(Complete ONLY for Parent(s) or Guardian(s) who will teach)**

- 1. For grades K-8, I have a GED or High School Diploma \_\_\_\_\_ Yes \_\_\_\_\_ No
- 2. For grades 9-12, I have a Baccalaureate Degree \_\_\_\_\_ Yes \_\_\_\_\_ No

**Please attach documentation of qualifying education.**

**Part III. General Information**

**A. PLANNED SCHOOL TERM (4 hours per day required for 180 days per school year)**

Please use the provided calendar to record hours spent in educational instruction.

**B. HEALTH RECORDS:** Please attach documentation indicating that student(s) have received immunizations as required by T.C.A. 49-6-5001.