

School System Name \_\_\_\_\_ No. \_\_\_\_\_  
 Date Received by School System \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 (To be completed by School System)

**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:	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)			

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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. <b>(List ONLY parent(s) or guardian(s) who will teach)</b>	(father) _____	_____
	or	
	(guardian) _____	_____
C. Contact Information:		
Home (mailing address)	_____	_____
	_____	_____
	City _____	Zip Code _____
Phone Number	(____) _____	_____
D. Parent's or guardian's education background <b>(Complete ONLY for parent(s) or guardian(s) who will teach)</b>		
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 \_\_\_\_\_