

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 \_\_\_\_\_