Washington County School District COMPULSORY ATTENDANCE EXEMPTION CERTIFICATE FOR HOME SCHOOL INSTRUCTION

Student:	Grade:	School:
Parent/Guardian (Please Print)		Phone
Address (Include Zip Code)		
Mailing Address (if different)		Email
Dual Enrollment School Location/Notes		
PARENT/GUARDIAN AFFIDAVIT		
I,		
I have read this agreement and understand my obligations as a home school parent.		
Parent/Guardian Signature		Date
Note: The information on this form is for school/school district use information as "directory information," schools/school districts must	st do so consi	stent with federal law.
DISTRICT EXEMPTION CERTIFICATE FOR HOME SCHOOL INSTRUCTION This certificate of verification shall be issued within 30 days after receipt of this signed affidavit filed by the school-age minor's		
parents, and annually thereafter by August 1 until the minor is 18.		
Upon receipt of the Exemption Certificate it is the responsibility of teresa.stubbs@washk12.org or (435) 673-3553 ex. 5164 if:	f the parent to	notify WCSD, department of Student Services,
 The child has been enrolled in a school within the scho The child no longer attends home school; or The child no longer lives in Washington County 	ool district;	
	Datas	
Signature of Authorization: Signature of Superintendent or Desi	Daic ignoo	

Signature of Authorization. Signature of Superintendent of Designee

WCSD form 902 2024