ROCHESTER SCHOOL DISTRICT NO. 401

10140 Hwy 12 SW, Rochester, WA 98579 (360) 273-5536 FAX (360) 273-5547

2026 – 2027 School Year
Declaration of Intent to Provide Home-Based Instruction

A parent who intends for his/her child or children to receive home-based instruction in lieu of attendance or enrollment in a public school, approved private school, or an extension program of an approved private school must file an annual declaration of intent to do so in the format prescribed below:

> *I do hereby declare that I am the parent, guardian, or legal custodian of the child(ren) listed below; that said child(ren) is (are) between the ages of 8 and 18 and as such are subject to the requirements found in chapter 28A.225 RCW Compulsory Attendance; I intend to cause said child(ren) to receive home-based instruction as specified in RCW 28A.225.010(4); and if a certificated person will be supervising the instruction, I have indicated this by checking the appropriate space.*

Per RCW 28A.200.010(1) and RCW 28A.225.010(4), this statement **must be filed annually by September 15 or within two weeks of the beginning of any public school quarter, trimester, or semester** with the superintendent of the public school district within which the parent resides. Check the appropriate box below:

☐ **Sept 15 or Prior** ☐ **S1** ☐ **S2** ☐ **Q1** ☐ **Q2** ☐ **Q3** ☐ **Q4**

FULL NAME	AGE

Yes [ ] No [ ] Child(ren) currently enrolled with the Rochester School District?

Yes [ ] No [ ] The home-based instruction will be supervised by a person certificated in Washington State pursuant to chapter 28A.410 RCW.

_____ _____

Name and Signature of Parent/Guardian Date

_____

Parent/Guardian Email Address (Optional)

_____ _____ _____ _____

Street Address City State Zip Code

Complete page two if requesting participation in running start, part-time attendance or ancillary services for a student receiving Home-Based instruction.

OFFICIAL USE ONLY BELOW THIS LINE

Signature of Official: _____ *Date:* _____

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RUNNING START / NEW MARKET

Participation in Running Start requires registration in your resident school district.
Please contact the Rochester High School to register your student, 360-273-5534.

Name of College: _____

Name of Student: _____ Grade: _____

Signature of Parent/Guardian: _____ Date: _____

Primary Phone: _____ Second Phone: _____

PART-TIME ATTENDENCE

Please contact the school counselor to arrange part-time attendance.

Service or course to be completed in Rochester School District and date(s) student wants to participate:

Name of Student: _____

Service/Course: _____ Date: _____

Service/Course: _____ Date: _____

Service/Course: _____ Date: _____

Service/Course: _____ Date: _____

Signature of School Counselor: _____ Date: _____

Signature of Parent or Guardian: _____ Date: _____

Service or course to be completed as Home-Based, if attending Rochester School District less than full-time:

Name of Student: _____

Home-Based Course(s): _____

Signature of School Counselor: _____ Date: _____

Signature of Parent or Guardian: _____ Date: _____