

**SCHOOL YEAR 2011 ~ 2012**  
**Declaration of Intent to Utilize a Home Study Program**

In accordance with provisions established by Georgia Law (O.C.G.A. § 20-2-690.1) requiring that every parent, guardian, or other person(s) residing within this state having control or charge of any child(ren) *between six and sixteen years of age* shall enroll and send such child to a public school, a private school, **or a home study program**. I hereby give notice to the superintendent of **ROCKDALE** School System, of my intent to provide for the child(ren) named below a home instruction program that meets the following requirements.

**A DECLARATION OF INTENT MUST BE SUBMITTED TO YOUR LOCAL SCHOOL DISTRICT CONTACT PERSON: Kay Bassett ~ Rockdale Career Academy ~ 1064 Culpepper Dr., Rm., 1232 ~ Conyers, Ga. 30094 ~ 770-388-5677 ext 31311 ~ 770-388-5722 (fax) ~ kbassett@rockdale.k12.ga.us** within 30 days after the establishment of a home study program, and by September 1st annually thereafter.

1. Parents or guardians may teach only their own children in the home study program, provided the teaching parent or guardian possesses at least a high school diploma or a general educational development (GED) equivalency diploma, but the parents or guardians may employ a tutor who holds a high school diploma or a general educational development diploma to teach such children;
2. The home study program shall provide a basic academic educational program which includes, but is not limited to, reading, language arts, mathematics, social studies, and science;
3. The home study program must provide instruction each 12 months to home study students equivalent to 180 school days of education with each school day consisting of at least four and one-half school hours unless the child is physically unable to comply with the rule provided for in this paragraph; Attendance records for the home study program shall be kept and shall be submitted at the end of each month to the school superintendent of the local school district in which the home study program is located. You may find contact information for all Georgia school districts at <http://www.gadoe.org/findaschool.aspx?contacts=ALL>.
4. Attendance records and reports shall not be used for any purpose except providing necessary attendance information, except with the permission of the parent or guardian of a child, pursuant to the subpoena of a court of competent jurisdiction, or for verification of attendance by the Department of Driver Services for the purposes set forth in subsection (a.1) of Code Section 40-5-22 (Teenage and Adult Driver Responsibility Act). *Because Code Section 40-2-22 applies to students above the age of 16, monthly attendance records should continue to be submitted for students who will be requesting a Certificate of Attendance in order to obtain their instruction permit or driver's license.*
5. Students in home study programs shall be subject to an appropriate nationally standardized testing program administered in consultation with a person trained in the administration and interpretation of norm reference tests to evaluate their educational progress at least every three years beginning at the end of the third grade and records of such tests and scores shall be retained but shall not be required to be submitted to public educational authorities; and
6. The home study program instructor shall write an annual progress assessment report which shall include the instructor's individualized assessment of the student's academic progress. Reports shall be retained by the parent(s) or guardian of children in the home study program for a period of at least three years.

<u>*Spec. Ed.</u>	<u>Full Name of Student(s) Enrolled</u>	<u>Current Gr.</u>	<u>Birth Date</u>	<u>Age of Student</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

\* Indicate by placing an "X" next to the name of any student who is identified as or suspected of needing special education services. Please note this section is optional.

**The school year for this home study program is a 12-month period from \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_ . I will notify the Rockdale Home School Contact Person of any changes to above information, or if I discontinue home school program.**

Signature of Parent/Guardian: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

Printed Name of Parent/Guardian: \_\_\_\_\_ Phone # &/or Cell#: \_\_\_\_\_

Address: \_\_\_\_\_  
(Physical Street Number~ no P.O. Box accepted) (City/State/Zip)

Email: (optional) \_\_\_\_\_  
 Used for emailing home schooling information, attendance documents, & confirmation of attendance. (Information will NOT be shared with any other person(s).)

**Return this completed form to: Kay Bassett ~ Rockdale Career Academy ~ 1064 Culpepper Dr., Rm., 1232 ~ Conyers, Ga. 30094  
 770-388-5677 ext 31311 ~ 770-388-5722 (fax) ~ [kbassett@rockdale.k12.ga.us](mailto:kbassett@rockdale.k12.ga.us)**

**Two (2) missed months puts your student in Non-Compliance with the State of Georgia.  
 File will be turned over to State Authority for further action.**