

PRIVATE SCHOOL AFFIDAVIT OF INTENT

STUDENT INFORMATION (LAST, FIRST, MIDDLE) _____ DATE OF BIRTH _____ / _____ / _____ SCHOOL DISTRICT # _____

HOME ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____ PREVIOUS SCHOOL _____

PARENT/GUARDIAN INFORMATION _____ TELEPHONE NUMBER _____

PRIVATE SCHOOL INFORMATION:

Ambassador Christian Academy

PRIVATE SCHOOL NAME

19248 E San Tan Blvd Queen Creek AZ 85142

ADDRESS CITY STATE ZIP

Mailing Address P. O. Box 9147 Chandler Heights AZ 85127

ARIZONA STATE PRIVATE SCHOOL LAWS FOR REGISTRATION AS PRESCRIBED BY THE ARIZONA REVISED STATUTES:

15-802 A: Every child between the ages of six and sixteen years shall attend a school and shall be provided instruction in at least the subjects of reading, grammar, mathematics, social studies and science. The person who has custody of the child shall choose a public, private or charter school or a homeschool as defined in this section to provide instruction.

Parents are not required to submit an Affidavit if the child has an Empowerment Scholarship Account Program(ESA).

AUTHORIZATION:

 PARENT/GUARDIAN SIGNATURE

Subscribed and sworn (or affirmed) before me this: STATE OF: _____

_____ day of _____, 20____. COUNTY OF: _____

 NOTARY SIGNATURE

NOTARY SEAL

FOR OFFICE USE ONLY

Submit this form either by mail or in person to the Private School Services Division at the address listed on the bottom of this page.