

Tennessee Notice of Intent to Home School

To be completed by school system: If your child were to attend public school, which school would he/she attend?	
School system name: Cocke County	System number: 150
Date received:	
Received by name: Dennis Balch	
Signature:	
Title: Attendance Supervisor	

This form should be completed only by parent(s) conducting a home school under the supervision of the superintendent of a local education agency (LEA).

“Home schools” are schools conducted by parents or legal guardians for their own children, which are distinct from degree-granting online or distance education schools. This form may be utilized as notice of your intent to conduct a home school, meaning that you will serve as the primary teacher for the student(s) 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 system office before the start of each school year.**

PLEASE PRINT

Part 1. Student Information

A. **Grades K-8:** For each student in grades K-8, please list the following information:

1.	Last name	First name	Grade	Subjects to be taught
	Age	Birthdate	Social security number (optional)	
2.	Last name	First name	Grade	Subjects to be taught
	Age	Birthdate	Social security number (optional)	
3.	Last name	First name	Grade	Subjects to be taught
	Age	Birthdate	Social security number (optional)	
4.	Last name	First name	Grade	Subjects to be taught
	Age	Birthdate	Social security number (optional)	

B. **Grades 9-12:** For each student in grades 9-12, please list the following information:

1.	Last name	First name	Grade	Subjects to be taught
	Age	Birthdate	Social security number (optional)	
2.	Last name	First name	Grade	Subjects to be taught
	Age	Birthdate	Social security number (optional)	

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Part 2. Parent Information

Please provide information **only** for the parent(s) or guardian(s) who will teach.

Last Name

First Name

A. Name of parent(s) or guardian(s) (Mother) _____

(Father) _____

or

(Guardian) _____

B. Contact Information

Home (Mailing Address) _____

City _____ Zip Code _____

Phone Number (_____) _____

Email Address _____

C. Parent/Guardian Educational Background (**complete only for parent(s)/guardian(s) who will teach**)

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 3. Health Records

Please attach documentation that student(s) have received immunizations as required by T.C.A. § 49-6-5001.

Parent/Guardian Signature

Date