

# Home Education Program Transfer Request

(To be initiated by the parent of a Home Education Program Student)

*This form is optional*

I am requesting a transfer of my child's Home Education Program due to a change of address:

Student's Name: \_\_\_\_\_

Student's Date of Birth: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Student's Old Address: \_\_\_\_\_

Student's New Address: \_\_\_\_\_

The student named above will continue in the Home Education Program in the new county \_\_\_\_\_ where the student now resides.

This form may serve as a Notice of Intent to register this program with the Superintendent in the new county using the same anniversary date as the original Notice of Intent.

No evaluation and no notice of termination is required since the transfer is occurring due to a change in residence.

Superintendent of \_\_\_\_\_ (previous) county should close out the student's file and confirm the next evaluation due date to the parent and to the Superintendent of \_\_\_\_\_ (new) county. This should be communicated in writing, either by mail or electronically.

Parent's Signature: \_\_\_\_\_

Parent's email: \_\_\_\_\_ Phone number: \_\_\_\_\_

Date: \_\_\_\_\_

*Submit this form to both County Home Education offices after moving.*

*Parents should keep a copy of this form and the district verification for their records.*