



STATE OF GEORGIA HOME STUDY PROGRAM DECLARATION OF INTENT FORM

Georgia law requires parents, guardians who teach their children at home to submit to the Georgia Department of Education (GADOE) an annual Declaration of Intent form. This form is required for driving permits/license and work permits. Submission of any form not authorized by the GADOE will not meet the requirements of the Georgia Home Study law.

If you home school your child or children, you are considered the school or Local Education Authority (LEA) official for most purposes. This means generally that you have the rights and responsibilities of a public local board of education, superintendent or principal when it comes to your children's educational needs, including signing any and all documents.

A Declaration of Intent must be SUBMITTED TO THE GEORGIA DEPARTMENT OF EDUCATION within 30 days after the establishment of a home study program and by September 1 annually thereafter.

| *Special Ed. | Name of Student(s) | Age of Student(s) |
|---------------------|---------------------------|--------------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

* 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 ___/___/___ to ___/___/___ . During this 12-month period, the Home Study program must provide instruction equivalent to 180 days with each day consisting of 4.5 hours of instruction per day unless the child is physically unable to comply. You may begin a home study program at any time during the calendar year. You may count the days in the current school year that a student spends in public or private school as part of the 180 days. The beginning date is always the date you intend to begin home schooling your student(s).

I will notify the Georgia Department of Education if my address changes or if I discontinue the home study program.

Signature of Parent/Guardian: _____ Date Submitted: _____

Printed Name of Parent/Guardian: _____ Phone (optional): _____

Address: _____
(Street Number) (City/State/Zip)

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Mail to: Home School Division, 2053 Twin Towers East, 205 Jesse Hill Jr. Dr. Atlanta, Ga. 30334

Fax to: 770-344-4319