



**GEORGIA DEPARTMENT OF EDUCATION  
HOME STUDY PROGRAM DECLARATION OF INTENT FORM**

Georgia law requires parents or guardians who teach their children at home to submit to the Georgia Department of Education an annual Declaration of Intent form. The Declaration must be submitted to the Georgia Department of Education within 30 days after establishment of a home study program and by September 1 annually thereafter.

The parent or guardian shall have the authority to execute any document required by law, rule, regulation, or policy to evidence the enrollment of a child in a home study program, the student's full-time or part-time status, the students' grades, or any other required educational information. This shall include, but not be limited to, documents for purposes of verification of attendance by the Department of Driver Services, for the purposes set forth in subsection (a.1) of Code section 40-5-22, and documents required pursuant to Chapter 2 of Title 39 relating to employment of minors, and any documents required to apply for the receipt of state or federal public assistance.

**PRINT CLEARLY USING A PEN WITH BLUE OR BLACK INK**

<b>*Special Ed.</b>	<b>Name of Student(s)</b>	<b>Age of Student(s)</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

\* 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: \_\_\_\_\_  
(City/State/Zip)

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**Mail to: Home School Division, 1562 Twin Towers East, 205 Jesse Hill Jr. Drive, SE, Atlanta, GA 30334**

**Fax to: ( 7 7 0 ) 3 4 4 - 4 6 2 3**