



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

Parent/Guardian:

We understand your child will be participating in a home school educational program. We request that you submit a home school declaration within 30 days of the start of home schooling. We request a home school declaration form to be completed at the beginning of each school year thereafter. This is recommended in order to minimize unnecessary investigations of truancy.

*A home school student is a school-aged child who resides in the district; who has not received a diploma; whose parents or guardians filed a written declaration (as provided in Section 167.042, RSMo) indicating they are being home schooled; and, who does not attend a public, private, or parochial school.*

Please fill out the attached form. Please return it to the building secretary of the elementary/middle/high school (where child would attend). A copy will be kept on file and the original will be forwarded to the District Diagnostic, Attn: Holly Hudson

**HOME SCHOOL DECLARATION 2025-2026**

Student Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Present Grade: \_\_\_\_\_ (Fox) School child would attend if not being home schooled: \_\_\_\_\_

Name of Program: \_\_\_\_\_

Home School  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone# \_\_\_\_\_ Name of Teacher: \_\_\_\_\_

Did Child have an IEP: \_\_\_\_\_ Do you wish to continue services? \_\_\_\_\_

Parent Name: (please print) \_\_\_\_\_

Parent  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Phone: \_\_\_\_\_

Address \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**NO LONGER CONTINUING HOME SCHOOL FOR 2025-2026**

       **No, my child will no longer participate in the home school program**

If your child is no longer being home schooled, please advise the status of schooling.

Student Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name of School: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Graduated from: \_\_\_\_\_ Date: \_\_\_\_\_

Withdrew/Dropped out: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Name: (please print) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Phone: \_\_\_\_\_