

District Office 501 W. Sickels St. St. Johns, MI 48879 Telephone: 989.227.4000 Fax: 989.227.4099 www.sjredwings.org

HOME SCHOOL REPORT FORM

This form is recommended to be completed by all parents or legal guardians who are educating their children at home and who wish to be exempted from the compulsory school attendance provision of the Revised School Code. This form is not a mandatory requirement but a recommendation so that your local district knows that your school age children are not truant but being educated at home.

The Michigan Compulsory Attendance Law requires a parent, legal guardian, or other person having control or charge of a child age six to sixteen to send the child to school during the entire school year. A child is not required to attend a public school in the following cases {Revised School Code 380.1561 (3)(4)}:

(3)(a) The child is attending regularly and is being taught in a state-approved nonpublic school, which teaches subjects comparable to those taught in the public schools to children of corresponding age and grade, as determined by the course of study for the public schools of the district within which the nonpublic school is located.

(3)(f) The child is being educated at the child's home by his or her parent or legal guardian in an organized educational program in the subject areas of reading, spelling, mathematics, science, history, civics, literature, writing and English grammar.

(4) For a child being educated at the child's home by his or her parent or legal guardian, exemption from the requirement to attend public school may exist under either subsection (3)(a) or (3)(f) or both.

I hereby intend to educate my child(ren) at home in an organized educational program and be exempted from the compulsory school attendance provision of the Revised School Code under exemption 380.1561(3)(f) as stated above:

Signature of Parent or Legal Guardian			Date		
Which St. Johns P	Public School building does the student atte	nd?			
Name of Parent o	r Legal Guardian:				
Strret Address			City, State, Zip		
Telephone Number:		Date Enrolled in Home School:			
NAME(S)			Birthdate	Grade	School
Only complete the sec	tion below if your child is (re)enrolling in another p	oublic or p	rivate school.		
	I am no longer educating my child(ren) in My child(ren) now attend this school:	the hor	ne.		
Signature of Parent or Legal Guardian					Date
This form may be submitted to:	St. Johns Public Schools 501 W. Sickels St., St. Johns MI 48879			Phone: 989-: 227-4000 Fax: 989-227-4099	