

PRIVATE SCHOOL AFFIDAVIT OF INTENT

Sandra E. Dowling, Ed.D.
Maricopa County School Superintendent

STUDENT'S INFORMATION

Last Name _____ First Name _____ Middle Initial _____

Date of Birth _____ School District of Residence _____

PRIVATE SCHOOL INFORMATION

Private School Name _____ Principal's Name _____

Address _____ City _____ Zip _____

Telephone _____

PARENT'S INFORMATION

Parent's Last Name _____ First Name _____

Home Address _____ City _____ Zip Code _____

Home Telephone _____

My child is attending the above named regularly organized private school.

PARENT SIGNATURE _____

Subscribed and Sworn before me this _____ Day of _____ Year of _____.

NOTARY PUBLIC Signature _____ SEAL/Commission expiration date:

Mail Affidavit to Dr. Sandra E. Dowling
Superintendent, Maricopa County Schools - PVT
301 West Jefferson, Suite 660, Phoenix, AZ 85003.

Updated 7.1.04