COMPETENT PRIVATE INSTRUCTION REPORT

Parent/Guardian must submit this report in duplicate to the school district of residence. This report is required if the student is between the ages of 6 and 16 by September 15 and does not attend an Iowa public or accredited nonpublic school or is not enrolled in a home school assistance program operated by an Iowa public or accredited nonpublic school. **Return this form to the school district secretary by the first day of school or within 14 calendar days of removing the student from a public or accredited nonpublic school or 14 calendar days from moving into the school district.** (If you are enrolled in a home school assistance program please notify the district if you plan to dual enroll.)

	(Child's Name) Name and address of person filing report. (Name) (Address)		(Birth date) Circle One: Parent or Guardian or Legal Custodi	
2. Na				
(1)				
(<i>A</i>				
(((City, State, Zip Code)		(Phone Number) (optional)	
3. IM	IMUNIZATION EVIDENCE:	If filing for the	1st time attach immu	inization informatio
(Pr H 4. IN	roof of immunization is required (SAP) STRUCTIONAL PROGRAM I ace or on a separate page(s). Att	d of all children	receiving CPI, including N: Outline the course	ing those enrolled i
(Pr H 4. IN spa	(SAP) STRUCTIONAL PROGRAM I	d of all children	receiving CPI, including N: Outline the course	ing those enrolled i
(Pr H 4. IN spa	STRUCTIONAL PROGRAM lace or on a separate page(s). Att	d of all children	N: Outline the course as on separate page(s).	ing those enrolled i

6. If an Iowa licensed teacher will provide or supervise the parent, guardian, or legal custodian

in providing the instruction, give the teacher's name and folder number.

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,	Teacher		Teacher folder # Teacher Signature (optional)			
-	Address City/State/Z	Zip	Phone Number (optional)			
,	legal cu child is Educati	ustodian providing instruction enrolled in an accredited contact of the structure of the st	providing instruction or supervising the parent, guardian, or ion the child must take an annual assessment unless the correspondence school. To date the Iowa Department of credited schools. The school district will notify parents by			
Iowa pare prog activ	a Code §29 ents, guardi grams or so vities at yo	9.4, failure to respond ma ians or custodians.) Howe ervices, or if your child pl	Ithough not required by law for reporting purposes under ty result in loss of some privileges or available options to ever, if your child needs to access special education lans to participate in any academic or extracurricular to if you wish to have your child's annual assessment lowing:			
;	If the clube sough	hild is currently identified a ght from the special educati	recation services?YesNo as a child requiring special education, prior approval must ion director at the Area Education Agency before the child astruction in Iowa. <i>Iowa Code</i> §299A.9.			
!		desire dual enrollment in tion? Yes No	the public school for the child under competent private (If no, skip to #10.)			
	A.	A. Dual enrollment is desired for: (Check all that apply) Academic Extra-curricular activities Testing Special Education				
	В.	Grade Level for the 20	20 school year			
	C.	Subjects or Activities you	u wish your child to dual enroll in:			
		1st Semester	2nd Semester			
	10. Do you	desire to enroll in a Home	e School Assistance Program if offered? Yes No			
,	Deadline fe	or dual annollment and/o	r Hama School Assistance Program is Sentember 15th			
	Deadline fo	or dual enrollment and/oi	r Home School Assistance Program if offered? Yes No _ r Home School Assistance Program is September 15th, ng to the district, or within 14 calendar days after			

Note: Due to the restrictions as to the number of students who may be served in a Home School Assistance Program. Timely filed requests may be denied if the program already serves 20 families or 40 students. 281-IAC 31.3(3).