

## Cleburne County Board of Education 141 Davenport Drive Heflin, AL 36264 256-463-5624

## HOME SCHOOL FORM FOR STUDENTS WITHOUT A COVER SCHOOL

Full Name of Student:	
Date of Birth:	
Parent/Guardian(s):	
Physical Address:	
Mailing Address:	
Phone Number:	
Email Address:	
I certify that I reside in the Cleburne County School District and elect to homeschool the student listed above without a cover school. I also understand that if, at any point, I elect to stop homeschooling for the above named student or I move the above named student outside the Cleburne County School District, I must immediately notify the Cleburne County Board of Education.	<u>!</u>
I understand that this is not considered accredited homeschooling and that the above named student must published the end of course tests on grade level to be placed in the appropriate grade if he/she elects to return to published.	
Signature of Parent/Guardian:	
Date	