

**Home School Declaration
Oak Grove R-VI School District
601 SE 12th Street
Oak Grove, MO 64075**

Date: _____

Parent(s) Name: _____

Street Address: _____ City/Zip: _____

Home Phone: _____ Cell: _____

Parent(s) Name: _____

Street Address: _____ City/Zip: _____

Home Phone: _____ Cell: _____

Pursuant to the provisions of Chapter 167.031 (RSMo), we have elected to educate our child/children at home:

Student Name: _____ Age: _____ Grade: _____

Student Name: _____ Age: _____ Grade: _____

Student Name: _____ Age: _____ Grade: _____

Home School Teacher(s): _____

Home School Address: _____

Home School City/Zip: _____

Home School Phone: _____

We realize that you have statutory responsibility for the investigation of cases of suspected truancy regarding public school students. Therefore, this form is being provided to relinquish that responsibility from the public school system.

This form shall not be construed to be a registration, which is an option contained in Chapter 167.042 (RSMo).

Parent Signature: _____

Parent Signature: _____