

City _____ Zip Code _____

Phone Number (_____) _____

Email Address _____

**Appendix D: Intent to Home School Form:
Category IV Satellite Program (Church-related/Umbrella)**

Please complete and return this form along with enrollment verification with a Satellite or Virtual/Online School to Knox County Schools Office of Innovation. Be sure to take proof of enrollment with a satellite or virtual school to your zoned school in order to be dropped and registered as a home school student.

Part 1: Student Information

1.	Last name	First name	Grade
	Age	Birthdate	SSN (optional)
2.	Last name	First name	Grade
	Age	Birthdate	SSN (optional)
3.	Last name	First name	Grade
	Age	Birthdate	SSN (optional)
4.	Last name	First name	Grade
	Age	Birthdate	SSN (optional)

Previous School _____
Name Online Program _____

Part 2: Parent Information

B. Name of parent(s) or guardian(s) (Mother) Last Name First Name _____
(Father) _____
or
(Guardian) _____

B. Contact Information

Home (Mailing Address)

City

Zip Code

Phone Number

()

Email Address
