



STUDENT Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_

Date of Birth \_\_\_\_\_ School District of Residence \_\_\_\_\_

**COCONINO COUNTY SUPERINTENDENT OF SCHOOLS  
PRIVATE SCHOOL AFFIDAVIT OF INTENT**

Private School Name \_\_\_\_\_ Principal Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ FAX \_\_\_\_\_ E-Mail \_\_\_\_\_

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

PARENT SIGNATURE \_\_\_\_\_

Subscribed and Sworn to before me this \_\_\_\_\_ Day of \_\_\_\_\_ Year of \_\_\_\_\_

NOTARY PUBLIC Signature \_\_\_\_\_ Seal/Commission expiration date: \_\_\_\_\_

**Mail Affidavit to Cecilia Owen  
Coconino County Superintendent of Schools  
110 E. Cherry Ave., Flagstaff, AZ 86001**