

Replaced Durations

Declarations:

We (or I) affirm that we (or I) accept the control, direction, and management of the home-based education program;

We (or I) affirm that we (or I) accept the responsibility of the education of the students on the home-based education program;

We (or I) affirm our intention to comply with the written education plan that is attached to this notification form;

We (or I) understand that a false declaration represents grounds for not registering the home-based program or for suspending or canceling the registration at some future date.

Parent / Guardian Signature: _____ Date: _____

Parent / Guardian Signature: _____ Date: _____

In accordance with subsection 26(2) of the *Freedom of Information and Protection of Privacy Act*, you are advised that the information on this form is being collected solely for the purpose of the registration of your home-based education program. Personal information will not be disclosed except in compliance with the Act.