



# School Commitment Form 2019-20 *Homeschoolers*

This Form **MUST** be received by **FRIDAY, MAY 3, 2019**

Return to:  
Children's Scholarship Fund of Omaha  
7101 Mercy Road, Suite 150  
Omaha, NE 68106

**Family Information:**

Parent/Guardian who will be primarily responsible for homeschooling: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone:(\_\_\_\_\_) \_\_\_\_\_ Other Phone:(\_\_\_\_\_) \_\_\_\_\_ Other Phone for: \_\_\_\_\_  
 Email address (Required): \_\_\_\_\_

**Student Information:**

*Attach a separate sheet of paper if necessary.*

**SECTION 1**

Child's Name	Age	Grade Level <i>(Approximate)</i>	Curriculum name or brief description

**Please check the appropriate box for each statement below.**

- I have complied with all state regulations in order to legally educate these children at home.  True  False  
*(Appropriate documentation of state law compliance must be attached.)*  
 The children listed above are not enrolled in a public or private day school.  True  False  
 I have selected and/or planned a curriculum for these children for this academic year.  True  False  
 I promise to inform the scholarship program immediately if any of these children enroll in a public or private day school, or discontinue schooling at home for any other reason.  True  False

**SECTION 2**

**TERMS OF AGREEMENT**

I have chosen to educate the children listed above primarily at home. I have researched and complied with all state regulations regarding compulsory attendance and homeschooling. I have selected and/or planned a curriculum of study for this academic year. I understand that the Children's Scholarship Fund only reimburses approved costs as described in the CSF Homeschool Guidelines. I acknowledge that the Children's Scholarship Fund's continued payment is strictly contingent upon our family meeting and maintaining conditions of eligibility, and upon the submission of valid receipts for all allowed expenses. I agree to inform the program immediately if conditions of eligibility should change or one of these children is no longer being educated primarily at home. Finally, I certify the above information to be correct and agree to the terms outlined.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Print Name of Parent or Guardian

\_\_\_\_\_  
Relationship (e.g. "mother")

\_\_\_\_\_  
Date

**3rd-Party Verification: Form must be notarized and proof of legal compliance attached.**

*I certify that the person named as "parent or guardian" above has read and understood the TERMS OF AGREEMENT, and has signed this document in my presence as certification that it is true and complete.*

**SECTION 3**

\_\_\_\_\_  
Notary Signature

\_\_\_\_\_  
Notary Name, Printed

\_\_\_\_\_  
Date

Space for notary stamp