MCESA					
Maricopa County Ed	ucation S	ervice Agency		COUNT	
		L AFFIDAVIT OF IN		chools	
STUDENT INFORMATION:					
NAME:	DATE OF BIRTH:				
DISTRICT OF RESIDENCE:		(Public School)	District Whe	ere You Reside -	
GUARDIAN INFORMATION:	MUST BE COMPLETED)				
NAME:	IRST, MIDDLE)				
GUARDIAN ADDRESS:					
PRIVATE SCHOOL INFORMATION:		0.111			
PRIVATE SCHOOL NAME: St. Thomas th	ie Apostle Cat	holic School			
ADDRESS OF SCHOOL: 4510 N. 24 <sup>th</sup> S	treet	CITY: PI	noenix	zip: 85016	
PHONE: 602-954-9088	E-MAIL:	school@staphx.org			
ARIZONA STATE PRIVATE SCHOOL L	AWS FOR REGIS	STRATION AS PRESCRIBE	D BY THE ARI	ZONA REVISED STATUTES:	
<b>15-802 A:</b> Every child between the ages subjects of reading, grammar, mathemati private, charter or home school as define	cs, social studies	and science. The person who			
Section 2. If the child will attend a private that the child is attending a regularly orga intent shall include:					
(a) The child's name.					
(b) The child's date of birth.					
(c) The current address of the school the	child is attending				

(d) The names, telephone numbers and addresses of the persons who currently have custody of the child.

## AUTHORIZATION:

GUARDIAN SIGNATURE:		
Subscribed and sworn before me this	day of	, 20
STATE OF:	_ COUNTY OF:	
NOTARY SIGNATURE:		STAMP:

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