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Send Completed Forms:
 Northwest Ohio Scholarship Fund
 PO Box 985
 Toledo, Ohio 43697-0985
Questions?
 Call (419) 244-6711 EXT. 219

School Commitment Form 2009

Homeschoolers

Family Information:

Parent/Guardian who will be primarily responsible for home schooling: _____

Address: _____ Apt # _____ City: _____ State: _____ Zip: _____

Home Phone:(_____) _____ Other Phone:(_____) _____ Other Phone for: _____

Student Information:
Attach a separate sheet of paper if necessary.
SECTION 1

Child's Name	Age	Grade Level (Approximate)	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 home schooling. I have selected and/or planned a curriculum of study for this academic year. I understand that the Northwest Ohio Scholarship Fund only reimburses approved costs as described in the NWOSF Home School Guidelines. I acknowledge that the Northwest Ohio 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