



Advent Health UNIVERSITY

Home School Affidavit

Instructions

- This affidavit is to be completed by the Home School Official/Parent
- This affidavit must be signed in the presence of a Notary Public
- Please attach a copy of the student's home school transcript

Student Information

Last Name

First Name

Middle Name

AHU Student ID# _____

Date of Birth _____

Dates of Enrollment _____

Date of Graduation _____

Name of Home School Official/Parent _____

Street Address _____

City, State, Zip Code _____

Home School Official/Parent Certification

This affidavit is executed on behalf of my son/daughter/ward who was educated in a home education program in full compliance under state law. I, _____, certify that my child/ward, named above, has met the school attendance policy and has successfully graduated from a home education program.

Home School Official/Parent Signature

Date

Printed Name

Relationship to Student

Notary Seal: State of: _____ County of _____

Sworn to and subscribed before me this _____ day of _____, 20_____

The affiant is personally known to me or has provided _____ as identification.

Signature of Notary

Printed, signed, or typed name of Notary