

# Independent Private Instruction: Written Request Report Form

As required by Iowa Code 299A.1(2)(b)(6) in response to written request from resident school district superintendent or director of the Department of Education.

Please fill out the information below and return to the Centerville School District Administration Office or the Building Secretary.

To: Tom Rubel, Superintendent  
Centerville Community School District

1. Independent Private Instruction Primary Instructor:

Name: \_\_\_\_\_

2. Independent Private Instruction Location:

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

3. Authority or Authorities Responsible for Independent Private Instruction:

\_\_\_\_\_  
Name(s) (e.g., parents, custodians, or legal guardians. May be the same as #1 above.)

4. Name(s) of Student(s) of Compulsory School Attendance Age (6-16) Who Are Enrolled in Independent Private Instruction (Use separate page if necessary)

Name of student(s)

Relation to Primary Instructor

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Signature of parent/guardian

Date: \_\_\_\_\_