North Dakota Home School Association’s
Public School & Home School Law Incident Report Form
for Home Educators—rev a

The purpose of this form is to record the incidents which occur in relationships between ND home educators and the ND public school system and or with respect to the home education laws. The NDHSA office regularly receives verbal reports, but having the detailed and verifiable data from the source is needed to effectively use this information to help legislators understand these issues and encourage their support of home education liberty. This form also can be used for reporting incidents such as if you decide to leave North Dakota because of the home education laws or not come to North Dakota because of the home education laws.

Name of Home School Parent: ___________________________________________________________

Address (Street, City, Zip): ______________________________________________________________

Telephone Number: ________________________  Email: _____________________________________

Name and age of child or children involved: _________________________________________________

Date or Dates of Incident(s): ______________________________________________________________

Description of Incident (consider a legislator as your audience, attach or use back of form as needed):
______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________

Written documentations attached to substantiate this incident include (if any):
______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________

By submitting this report, I give the NDHSA permission to share this information where the NDHSA leaders deem appropriate. This may include sharing the above details with legislators and or public officials and or home educators and or others who may benefit from this knowledge. Do not submit this report if you do not want this information shared with others. Leave out any information that you would not want shared with others.

Printed Name of Parent   Signature of Parent   Date