

**Alternative Instruction Notification**  
(a separate notification must be submitted for each student)

Parents/guardians are encouraged to submit notifications for alternative instruction through the online system to streamline communication, available at <https://doe.sd.gov/oatg/homeschooling.aspx>.

*If submitting a paper notification, send the completed form (front and back) to the SD Department of Education at the address above, or submit to the appropriate school district's main office.*

**Student Information:**

**First Name** \_\_\_\_\_ **Last Name** \_\_\_\_\_

**Middle Name** \_\_\_\_\_ **Suffix** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**Resident District** \_\_\_\_\_

**Open Enrolled District\*** \_\_\_\_\_

*\*List only if an open enrollment application has been accepted by the **non-resident** district*

**Parent/Guardian Copy** (a copy of the form will be returned via the indicated method):

\_\_\_\_\_ Email a copy to: \_\_\_\_\_

\_\_\_\_\_ Mail a copy to: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Notification(s) were previously submitted for this child. This resubmission is due to the following reason:

\_\_\_\_\_ My child was previously enrolled in a public or nonpublic school

\_\_\_\_\_ My child has moved to a different school district

\_\_\_\_\_ Making corrections to child demographic information

\_\_\_\_\_ My child will no longer be receiving alternative instruction (homeschooling)

\_\_\_\_\_ My child has moved out of state.

**If your child intends to participate in school activities:**

- The documents required by the school district for participation in activities must be completed, signed, and submitted as required before students can participate.
- Depending on the activity, a copy of the participating child’s birth certificate (or affidavit in lieu of a birth certificate) may need to be provided to the school district.
- Provide the school district a copy of the student’s transcript from the previous semester’s completed coursework.
- Complete and submit to the school district the SOUTH DAKOTA HIGH SCHOOL ACTIVITIES ASSOCIATION ELIGIBILITY CHECKLIST FOR ALTERNATIVE INSTRUCTION STUDENTS, along with the student’s athletic physical form, if applicable.

**If your child (11<sup>th</sup> or 12<sup>th</sup> grader) intends to participate in the dual credit:**

- Visit <https://ourdakotadreams.com/high-school/dual-credit-2/> and follow the instructions included in Frequently Asked Questions #13.
- Call 605-220-6612 or email [DOEdualcredit@state.sd.us](mailto:DOEdualcredit@state.sd.us) with any questions.

**The undersigned attests to the following:**

1. The child is being provided alternative instruction as outlined in [SDCL 13-27-3](#).
2. The undersigned will update this child's record within 30 days if the child enrolls in a public or nonpublic school or if the child moves to a different school district ([SDCL 13-27-7](#)).
4. If the child intends to participate in interscholastic activities, the undersigned will contact the school district and provide required documentation to the district.
5. The undersigned is the parent, guardian or other person having control of the child.
6. Submission of this form signifies the intent to provide alternative instruction beginning with the current school year (\_\_\_\_\_).

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**Name of Parent/Guardian – please print**

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**Signature of Parent/Guardian**

**Date**

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***Please Do Not Write Below This Line***

*To be completed by the SD Department of Education or the appropriate district.*

If a notification form is initially submitted to a school district, the district must complete the notification and provide the parent/guardian with a final copy as proof of notification. A copy of the notification must then be sent to the Department of Education. If the department receives the initial notification, the department will complete the form and provide the parent/guardian a final copy as proof of notification and share a copy with the school district. All notifications must be kept confidential.

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**Official’s Name (print)**

**Organization/School District**

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**Official’s Signature**

**Date Received**

**Date Sent to  
Parent/Guardian**