

**NOTICE OF INTENT
INSTRUCTION OF STUDENT AT HOME**

NAME OF STUDENT:
ADDRESS:

DATE OF BIRTH:
TELEPHONE NO.:

NAME OF TEACHER:
ADDRESS:

TELEPHONE NO.:

THE SUBJECTS TO BE TAUGHT ARE:

Yes

No

(Required)

Reading

Writing

Spelling

English Grammar

Geography

Arithmetic

U.S. History

Citizenship - including a
study of town, state
and federal governments

(Recommended)

Science

(Other)

TOTAL NUMBER OF DAYS SCHEDULED FOR INSTRUCTION:

TEACHER'S METHODS OF ASSESSMENT OF STUDENT PROGRESS:

AN ANNUAL PORTFOLIO REVIEW WILL BE HELD ON OR ABOUT _____
Date

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I ACKNOWLEDGE AND ACCEPT FULL RESPONSIBILITY FOR THE EDUCATION OF MY CHILD IN ACCORDANCE WITH THE REQUIREMENTS OF STATE LAW.

Parents

Date

I ONLY ACKNOWLEDGE RECEIPT OF THIS FORM AND RENDER NO OPINION AS TO THE APPROPRIATENESS OF THE PLANNED PROGRAM.

Superintendent

Date