

NOTICE OF INTENT
INSTRUCTION OF STUDENT AT HOME
(For District Use Only)

NAME OF STUDENT:

DATE OF BIRTH

ADDRESS:

TELEPHONE #:

NAME OF TEACHER:

ADDRESS:

TELEPHONE #:

THE SUBJECTS TO BE TAUGHT ARE:

YES

NO

(REQUIRED)

READING

WRITING

SPELLING

ENGLISH GRAMMAR

GEOGRAPHY

ARITHMETIC

U.S. HISTORY

CITIZINSHIP

-(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:

NOTICE OF INTENT
INSTRUCTION OF STUDENT AT HOME
PAGE 2

AN ANNUAL PORTFOLIO REVIEW WILL BE HELD ON OR ABOUT:

DATE

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

PARENTS

DATE

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

SUPERINTENDENT

DATE