

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

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	_____	_____
CITIZENSHIP	_____	_____

* Including a study of town, state
and federal governments

(RECOMMENDED)

SCIENCE	_____	_____
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(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 _____

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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