

**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