

**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	REQ'D
READING			✓
WRITING			✓
SPELLING			✓
ENGLISH GRAMMAR			✓
GEOGRAPHY			✓
ARITHMETIC			✓
U.S. HISTORY			✓
CITIZENSHIP (INCLUDING A STUDY OF TOWN, STATE AND FEDERAL GOVERNMENTS)			✓
SCIENCE (RECOMMENDED)			
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)

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)