

**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
Reading	REQUIRED SUBJECTS		
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 method 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.

Parent(s) Date

I only acknowledge receipt of this form and render no opinion as to the appropriateness of the planned program.

Superintendent Date