

## INSTRUCTION OF STUDENT AT HOME

Name of Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Name of Teacher: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_ FAX: \_\_\_\_\_

<b>THE SUBJECTS TO BE TAUGHT ARE:</b>	<b><u>YES</u></b>	<b><u>NO</u></b>
<b>(REQUIRED)</b>		
Reading		
Writing		
Spelling		
English Grammar		
Geography		
Arithmetic		
U.S. History		
Citizenship (including a study of Town, State and Federal Governments)		
<b>(RECOMMENDED)</b>		
Science		
<b>(OTHER)</b>		

Total number of days scheduled for instruction: \_\_\_\_\_

Teacher's methods of assessment of Student Progress:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**NOTICE OF INTENT:  
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An annual Portfolio Review of student's work 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