

School Year: _____

MANCHESTER PUBLIC SCHOOLS
45 North School Street
Manchester, CT 06042

NOTICE OF INTENT TO INSTRUCT STUDENT AT HOME

NAME OF STUDENT: _____ GRADE: _____

DATE OF BIRTH: _____ PARENT / GUARDIAN: _____

ADDRESS: _____ PHONE: _____

HOME SCHOOLING TEACHER NAME: _____

HIGHEST LEVEL OF EDUCATION OBTAINED BY HOME SCHOOLING TEACHER:

CURRICULUM TO BE USED: _____

Subjects to be taught are:			Subjects to be taught are:		
	Yes	No		Yes	No
Language Arts	_____	_____	Career Education	_____	_____
Mathematics	_____	_____	Consumer Education	_____	_____
Science	_____	_____	Health / Safety	_____	_____
Social Studies	_____	_____	Vocational Ed (secondary)	_____	_____
Physical Education	_____	_____	World Language (secondary)	_____	_____
Art or Music	_____	_____	Other: _____	_____	_____

Total number of days of scheduled instruction: _____
(Instruction must meet a minimum requirement of 900 hours in 180 days)

Home Schooling Teacher's methods of assessment to student progress:

I acknowledge and accept fully responsibility for the education of my child in accordance with the requirements of the state law.

Signature of Parent (s) / Guardian (s) _____
Date

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

Matthew Geary, Superintendent of Schools _____
Date