

**Southington Public Schools
Southington, Connecticut**

NOTICE OF INTENT FOR HOME INSTRUCTION

SCHOOL YEAR: _____

SCHOOL YOUR CHILD WOULD BE ATTENDING: _____ GRADE: _____

NAME OF STUDENT: _____ DATE OF BIRTH: _____

ADDRESS: _____ CITY: _____

PARENT/GUARDIAN: _____

HM PHONE: _____ ALT PHONE: _____

PARENT/GUARDIAN: _____

HM PHONE: _____ ALT PHONE: _____

NAME OF TEACHER: _____

HM PHONE: _____ ALT PHONE: _____

THE SUBJECTS TO BE TAUGHT ARE: (Please Check)	<u>YES</u>	<u>NO</u>
READING	<input type="checkbox"/>	<input type="checkbox"/>
WRITING	<input type="checkbox"/>	<input type="checkbox"/>
SPELLING	<input type="checkbox"/>	<input type="checkbox"/>
ENGLISH GRAMMAR	<input type="checkbox"/>	<input type="checkbox"/>
GEOGRAPHY	<input type="checkbox"/>	<input type="checkbox"/>
ARITHMETIC	<input type="checkbox"/>	<input type="checkbox"/>
U.S. HISTORY	<input type="checkbox"/>	<input type="checkbox"/>
CITIZENSHIP (Including a study of town, state and federal government)	<input type="checkbox"/>	<input type="checkbox"/>

RECOMMENDED:		
SCIENCE	<input type="checkbox"/>	<input type="checkbox"/>
OTHER	<input type="checkbox"/>	<input type="checkbox"/>

TOTAL NUMBER OF DAYS SCHEDULED FOR INSTRUCTION: _____

TEACHER'S METHODS OF ASSESSMENT OF STUDENT PROGRESS: _____

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

Parent Signature

Date

Parent Signature

Date

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

Superintendent of Schools

Date