

Home Schooling Application

Please return the completed form to the Director of Pupil Personnel/Student Services at the District's Central Office.

This letter is to inform you that my child/children will be participating in **my** home schooling program for the _____ - _____ school year. The beginning date for participation in this program will be _____.

Following is the home school address and the names and ages of the students who will be participating:

STUDENTS' NAME(S) AND AGES:

HOME SCHOOL ADDRESS:

Street

City State ZIP Code

Parent's Name (please print)

Parent's Signature

Parent's Address

Parent's Telephone Number