

Notice of Intent to Pursue a Program of Home Education - **Academic Year:** \_\_\_\_\_  
SHARON PUBLIC SCHOOLS, SHARON, MA 02067

Instructions: Please complete this form, attach any additional information and forward it to the Director of Community Education prior to the starting date of the home education program. If this process is initiated during the school year, the student must remain in school until the school district and the parents agree jointly to the home education plan.

**Mailing Address:** Director of Community Education, 77 Pond Street, Sharon, MA 02067

Parent/Guardian Name: \_\_\_\_\_  
(please print)

Parent/Guardian Signature: \_\_\_\_\_

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

Daytime Telephone Number: \_\_\_\_\_

Cell Number: \_\_\_\_\_

Evening Telephone Number: \_\_\_\_\_

Student Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Grade Level: \_\_\_\_\_

Student Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Grade Level: \_\_\_\_\_

Student Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Grade Level: \_\_\_\_\_

On a separate sheet, provide the following information regarding the home education program.

- Describe the instruction program to be taught, including subjects and instructional aids to be used.
- Describe the academic background, life experiences and/or qualifications of those who will be instructing the child(ren), as they relate to the instructional program.
- Describe the method of assessment to be used.
- State the number of daily hours and number of days of instruction.

**The signature of the school official indicates final approval of this plan. A parent/administrative conference may be scheduled.**

School Official's Signature: \_\_\_\_\_

Date: \_\_\_\_\_