

SHARON PUBLIC SCHOOLS
SHARON, MA 02067

Notice of Intent to Pursue a Program of Home Education
Academic Year _____

Instructions: Please complete this form, attach any additional information and forward it to the Superintendent of Schools, One School Street, Sharon, MA 02067 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.

Note: After October 1, 2011, the mailing address for the Superintendent of Schools will be:

75 Mountain Street, Sharon, MA 02067

Please print

A. Parent name: _____

Address: _____

Phone No. (daytime) _____ (cell) _____ (evening) _____

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.

Official's Signature

Date