

VERNON PUBLIC SCHOOLS



Office of the Superintendent
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 Fax (860) 870-6005
 Website: www.vernonpublicschools.org

*Notice of Intent: Instruction of Student at Home

One form per child*

Name of Student: _____
 Address: _____

Date of Birth: _____
 Telephone: _____

Name of Teacher: _____
 Address: _____

Telephone: _____

This student has completed 12th grade and has graduated.

THE SUBJECTS TO BE TAUGHT ARE: (check all that apply)	YES	NO
REQUIRED:		
Reading		
Writing		
Spelling		
English Grammar		
Geography		
Arithmetic		
U.S. History		
Citizenship (including a study of town, state and federal governments)		
RECOMMENDED:		
Science		
OTHER:		

*Total number of days scheduled for instruction: _____

*Teacher's methods of assessment of student progress (circle one): **Portfolio Review** **Other**

***If other, please describe assessment method:** _____

✓ I acknowledge and accept full responsibility for the education of my child in accordance with the requirements of state law (Conn. Gen. Statute 10-184).

✓ Parent/Guardian: _____ Date: _____
 (Signature)

I acknowledge receipt of this form and render no opinion as to the adequacy or appropriateness of the home instruction program.

Assistant Superintendent: _____ Date: _____
 Robert Testa, Signature

The Vernon Public Schools, in partnership with family and community, is committed to provide a quality education, with high expectations, in a safe environment where all students become independent learners and productive contributors to society.