



Alexandria City Public Schools

Department of Student Services, Alternative Programs and Equity

1340 Braddock Place, 5th Floor, Alexandria, Virginia 22314

Ph (703) 619-8036 - Fax (703) 619-8988

NOTICE OF INTENT TO PROVIDE HOME INSTRUCTION

Please print or type requested information or email: Home Instruction Program at homeinstruction@acps.k12.va.us

School Year 20 - 20

I am providing notice of my intention to provide home instruction for the child(ren) listed below as provided for by §22.1.-254.1 of the Code of Virginia, in lieu of having them attend school.

Table with 6 columns: Name of Child, Last School Attended, Date of Birth, Grade Level, Sex, Ethnicity

Has your student been found eligible for Special Education Services? Yes No If yes, date:

Has your student been dismissed from Special Education Services? Yes No If yes, date:

I wish to be recognized as eligible to provide home instruction by selecting the option indicated below: (Check one below.)

- I have a high school diploma or a higher credential.
I have the qualifications prescribed by the Board of Education for a teacher.
I have provided a program of study or curriculum which is to be delivered through a correspondence course or a distance learning program or in some other manner.
I have attached to this notice a statement which describes why I am able to provide an adequate education for my child(ren).

As prescribed in §22.1-254.1 of the Code of Virginia, I have included or will provide the school division with a description of the curriculum, limited to a list of subjects to be studied during the coming school year, and evidence of having met one of the above criteria along with this notice by August 15 of each year.

I understand that by August 1 following this school year, I must provide evidence of educational achievement as prescribed in §22.1.254.1 of the Code of Virginia, which defines the requirements for home instruction.

I hereby certify that I am the parent, guardian, or legal custodian of the child(ren) listed above.

Parent/Guardian Signature Date

Parent/Guardian Name Telephone Email (Please print or type)

Address Street City State Zip Code

Please return the completed notice, supporting documents, and any future correspondence to the address above - Attention: Dr. Marcia Jackson, Executive Director, Student Services.