
Parent(s)' name(s)

Address

Address

Town, NH, zip

Date

Superintendent's name

SAU number

SAU address

Dear Superintendent,

In accordance with New Hampshire RSA Chapter 193-A:5 and Administrative Rules Ed 315.04(a), this letter serves to notify you of the home education program for our child(ren), beginning _____ month, date, year.

Child's name

Date of birth

Child's name

Date of birth

Child's name

Date of birth

Child's name

Date of birth

Telephone number (optional)

We do not authorize the release of any information contained in this notice except as specifically provided by law. All information provided herein is considered privileged and confidential. Any further disclosure of this information requires written parental consent prior to such disclosure. By this notice we are not waiving our rights under the United States and/or New Hampshire constitution as amended.

Your Name, Date

Spouse's Name, Date