

953 High Street, Victor, New York 14564 www.victorschools.org p 585.924.3252 f 585.742.7020 **Karen Finter,** Assistant Superintendent for Instruction

## **Letter of Intent for Home Instruction**

(Complete ONE form per student)

School Year \_\_\_\_\_

Name of Student:		
	DOB:	_
Parents/ Guardians Name: _ Address:		
City, State, Zip Code:		
Email Address:	Phone Number:	
	rade, for the school y	
<u> </u>	of intent as a requirement of Sec State Commissioner of Educatio	
Sincerely,		
Parent Signature (electroni		)ate

Please download and complete the forms. Email as an attachment. Attach additional pages as necessary.