

KILLINGLY PUBLIC SCHOOLS

P.O. Box 210
79 Westfield Ave., Killingly, CT 06239
779-6600

2023-24 School Year

NOTICE OF INTENT for STUDENTS RECEIVING INSTRUCTION AT HOME

Student's Name: _____ Current Age: _____ D.O.B. _____

Student's Mailing Address: _____ Street (Apt #) _____ Town _____ Zip _____

Parent/Guardian Name: _____ Ph. # _____

Name of home-schooling instructor/program: _____

Please check only the subjects that will be taught:

- | | | |
|-----------------|----------------------------|--------------------------|
| Required | Reading----- | <input type="checkbox"/> |
| | Writing----- | <input type="checkbox"/> |
| | Spelling----- | <input type="checkbox"/> |
| | English Grammar----- | <input type="checkbox"/> |
| | Geography----- | <input type="checkbox"/> |
| | Mathematics----- | <input type="checkbox"/> |
| | U.S History----- | <input type="checkbox"/> |
| | Science (recommended)----- | <input type="checkbox"/> |
- Including study of Town, State & Federal Governments

Any other subjects not listed above: _____

Total number of days scheduled for instruction: _____

Instructor's methods of assessment of student's progress: _____

I ACKNOWLEDGE AND ACCEPT FULL RESPONSIBILITY FOR THE EDUCATION OF MY CHILD IN ACCORDANCE WITH THE REQUIREMENTS OF CONNECTICUT STATE LAW.

Parent/Guardian's Signature

Date

Please remit this form to the address above.

If the home-schooled student (re-)enrolls in the Killingly Public Schools or if you anticipate moving out of the Killingly District, please notify the administration office by calling 779-6600.

Central Office Use Only

I ONLY ACKNOWLEDGE RECEIPT OF THIS FORM AND RENDER NO OPINION AS TO THE APPROPRIATENESS OF THE PLANNED PROGRAM.

Assistant Superintendent of Killingly Public Schools

Date