

**Greenwich Public Schools**  
**Notice of Intent**  
**Instruction of Student at Home**  
**2023-2024**

Name of Student: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Parent Phone: \_\_\_\_\_

\_\_\_\_\_

Parent Email: \_\_\_\_\_

Student's Districted School: \_\_\_\_\_

Grade: \_\_\_\_\_

Name of Teacher: \_\_\_\_\_

Teacher Phone: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

<input type="checkbox"/> <b>NO,</b> I do not intend to instruct my child at home. My child will attend _____ school. <b>Stop! Please go directly to the back of this form and sign and date it.</b>
<input type="checkbox"/> <b>YES,</b> I intend to instruct my child at home. <b>Please fill out the remainder of this form completely.</b>

SUBJECTS TO BE TAUGHT (Required)	YES	NO
Reading		
Writing		
Spelling		
English Grammar		
Geography		
Arithmetic		
U.S. History		
Citizenship		
Science (Recommended)		
Other:		

Total number of **days** scheduled for instruction: \_\_\_\_\_.

Date student will withdraw from Greenwich Public Schools and start home schooling:\_\_\_\_\_.

Teacher’s methods for assessing student progress:

I acknowledge and accept full responsibility for the education of my child in accordance with the requirements of the law.

\_\_\_\_\_  
Name of Parent(s) (PLEASE PRINT)

\_\_\_\_\_  
Parent(s) Signature Date

**FOR OFFICE USE ONLY**

I only acknowledge receipt of this form and render no opinion as to the appropriateness of the planned program.

\_\_\_\_\_  
Dr. Toni Jones Date  
Superintendent of Schools  
Greenwich Public Schools