



NOTICE OF INTENT TO PROVIDE HOME INSTRUCTION 2023-2024

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.

NAMES OF CHILDREN	DATE OF BIRTH	GRADE LEVEL
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

_____ **I have a high school diploma or higher credential.**
(Attach a copy of documentation if a copy is not on file.)

_____ **I have the qualifications prescribed by the Board of Education for a teacher.**
(Attach copy of teaching certificate or statement to this effect from the Virginia Department of Education.)

_____ **I have enrolled the child(ren) in a correspondence course.**
(Attach notice of acceptance or other evidence of enrollment showing name and address of school and the courses in which each child is enrolled.)

_____ **I have attached 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 and evidence of having met one of the above criteria along with this notice by August 1st of each year. If I begin home instruction after the school year has started, I will submit this notice as soon as practicable and comply with the other requirements within 30 days of this notice to the school division.

I understand that by August 1st of next 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.

****Please also include a list of subjects to be taught on the back of this form.** I have also attached to this notice a program of study or curriculum for the coming year for language arts and mathematics for each child. ** (You may refer to the Virginia Standards of Learning)**

Signature: _____ Date: _____

Printed Name: _____

Mailing/Street Address: _____

City, State, Zip Code: _____

Phone (Cell): _____ (Home): _____ (Other): _____

Parent Email: _____

Please return to: Dr. CarlNisha Bullard
Coordinator of Advanced Learning and
Choice Programs
341 Main Street, Suite 100
Danville, Virginia 24541

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