

# KILLINGLY PUBLIC SCHOOLS

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

**2024-25 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:

- |                 |                            |                          |
|-----------------|----------------------------|--------------------------|
| <b>Required</b> | 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.

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### 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