

# NOTICE OF INTENTION FOR HOME INSTRUCTION

Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Grade: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name and Address of Parents or Guardians:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone Number: (\_\_\_\_\_) \_\_\_\_\_

Name and Address of Person Providing Instruction (if different than parent/guardian)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Period for which home instruction is intended:

Begin: \_\_\_\_\_

End: \_\_\_\_\_

<p style="text-align: center;"><b>SUBMIT TO:</b> Pupil Personnel Services Department 940 North Road Scottsville, NY 14546</p>
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