

# NOTICE OF INTENT TO PROVIDE HOME INSTRUCTION

I am providing notice of my intention to provide home instruction for the child(ren) listed below in lieu of having them attend school as provided in §22.1-254.1 of the Code of Virginia (1950) as amended.

School Year: 20\_\_\_\_-20\_\_\_\_

NAME(S) OF CHILD(REN)	AGE(S) ON OR BEFORE SEPTEMBER 30
_____	_____
_____	_____
_____	_____
_____	_____

I am eligible to provide home instruction under the following option (check one):

\_\_\_\_\_ I have a high school diploma. (Attach a copy of a high school diploma OR a transcript OR a higher credential.)

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

\_\_\_\_\_ I have provided a program of study or curriculum delivered through a correspondence course, distance-learning program, or in another manner. (For a correspondence course or distance learning program, attach a notice of acceptance or other evidence of enrollment and a list of subjects to be studied. For a program of study or curriculum delivered through any other manner, attach a list of courses to be studied for the coming year. Submission is for information purposes only; no judgment is required by the school division superintendent.)

\_\_\_\_\_ I have attached to this notice evidence that I am able to provide an adequate education for my child(ren). (Attach a statement.)

A description of the curriculum, limited to a list of subjects to be studied during the coming year, is attached for each child as prescribed in §22.1-254.1(B).

I understand that by August 1 after this school year, I must provide evidence of progress for each child listed above between the age of six (on or before September 30 of this school year) and 18 who has not graduated or obtained a high school diploma, as prescribed in §22.1-254.1(C) and §22.1-254(A).

I hereby certify that I am the parent or guardian of the child(ren) listed above.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print name and address:

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



SEND THIS FORM TO THE LOCAL SUPERINTENDENT OF PUBLIC SCHOOLS.