



**NOTICE OF INTENT  
INSTRUCTION OF STUDENT AT  
HOME 2025-2026 School Year**

(For District Use Only)

RETURN FORM BY MAIL OR EMAIL TO:

Deputy Supt's Office, Consolidated School District of New Britain, 272 Main Street, P.O. Box 1960, New Britain, CT 06050-1960 or

Email: [mancini@csdnb.org](mailto:mancini@csdnb.org)

NAME OF STUDENT: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ TELEPHONE #: \_\_\_\_\_

NAME OF TEACHER: \_\_\_\_\_ GRADE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ TELEPHONE #: \_\_\_\_\_

THE SUBJECTS TO BE TAUGHT ARE:		YES	NO
Reading	REQUIRED		
Writing			
Spelling			
English Grammar			
Geography			
Arithmetic			
U.S. History			
Citizenship (including a study of town, state, and federal			
Science (RECOMMENDED)			
Other			

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

Teacher's method of assessment of student progress: \_\_\_\_\_

\*An annual portfolio review will be held on or about: \_\_\_\_\_  
\*(For parental use only, not District mandated.) \_\_\_\_\_ Date

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

\_\_\_\_\_  
Parent(s) \_\_\_\_\_ Date \_\_\_\_\_  
*I only acknowledge receipt of this form and render no opinion as to the appropriateness of the planned program.*

\_\_\_\_\_  
Superintendent \_\_\_\_\_ Date \_\_\_\_\_