



Letter of Intent to Home School for _____ School Year

To: Mount Vernon City School District

From: _____

I intent to home instruct my child in Mount Vernon, New York according to the mandates of NYSED CR Part 100.10

Parent/Legal Guardian Information

Name of Parent (Last, First)
Street Address (including Apt #) City, State, Zip
Telephone Number
E-mail Address

Student Information 1

Name of Student (Last, First)	Is the student currently home schooled?
Date of Birth	Has this child ever attended a NYS public/charter school? If YES, please indicate school name:
Check One: GENED ☐ SPED ☐ 504 ☐	

Student Information 2

Name of Student (Last, First)	Is the student currently home schooled?
Date of Birth	Has this child ever attended a NYS public/charter school? If YES, please indicate school name:
Check One: GENED ☐ SPED ☐ 504 ☐	

Student Information 3

Name of Student (Last, First)	Is the student currently home schooled?
Date of Birth	Has this child ever attended a NYS public/charter school? If YES, please indicate school name:
Check One: GENED ☐ SPED ☐ 504 ☐	

Optional: Please help us understand your decision to homeschool by selecting the primary reason(s) below. This information will be used to improve district services and outreach.

- ☐ Concerns about school environment (e.g., bullying, safety, peer influence)
- ☐ Dissatisfaction with academic instruction or curriculum
- ☐ Desire for religious or moral instruction
- ☐ Health-related concerns (physical or mental health, pandemic-related)
- ☐ Special needs not adequately addressed in school
- ☐ Flexibility in schedule or pace of learning
- ☐ Family or lifestyle reasons (e.g., travel, relocation, temporary situation)
- ☐ Previous negative experience with school staff or administration
- ☐ Other (please specify): _____

Signature of Parent/Legal Guardian: By signing (or writing your name below), you acknowledge that upon registration to home school your child(ren) will not have access to remote learning, general education instruction, or instructional materials. You will be responsible for all general education instruction, and your child(ren) will be discharged from their current DOE or charter school. Use a second document for additional children.

Name: _____

Date: _____