Letter of Intent to Homeschool

To: Pupil Personnel Director of Lansingburgh Central School District

Parent/Guardian's Name(s):_____

Address:_____

Email:_____

Phone Number(s):_____

The child(ren) of compulsory attendance age listed below will be educated at home during the 20_____ - 20_____ school year in accordance with Section 100.10 of the Regulation of the Commissioner of Education.

Name(s) of Child(ren)	**DOB/Age**	**Grade**
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Signature(s) of Parent(s)/Guardian(s)

_____ **Date:**_____

_____ **Date:**_____