



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

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