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ADMINISTRATION BUILDING
1415 N 26TH STREET
ST. JOSEPH, MO 64506

Homeschool Notification

Today's Date _____

Student's Full Name (Last) _____ (First) _____

Student's Date of Birth _____

School where student is currently enrolled: _____

Current Grade: _____

Student's Address: _____

Phone Number: _____ Alternative Phone Number: _____

As parent guardian of the above listed students, I understand that I am responsible for the education of my son/daughter. In the future, if I wish for my child to return to the SJSD, I understand his/her placement will be determined by my abilities to verify (with documents) that grade level expectations have been met. A meeting with district administration will be required. Grade placement credit will be the decision of the building principal.

_____ I have received/understand the guidelines for homeschooling my child. I also understand that technology and curriculum will not be provided.

As parent of child named above, I am officially notifying the St. Joseph School District of my intent to home-school my child.

Parent/Guardian Name: _____ Signature: _____

IF STUDENT AGE 18 OR OVER

Student Name: _____ Signature: _____

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Office Use Only
Keep copy of form in student's cumulative record and send original form to:
Dr. Shannon Nolte, Director of Student Services