

**NOTICE OF INTENT TO PROVIDE HOME INSTRUCTION 2026-2027**

I am providing notice of my intention to provide home instruction for the child(ren) listed below as provided for by §22.1-254.1 of the Code of Virginia in lieu of having them attend school.

NAMES OF CHILDREN

DATE OF BIRTH

GRADE LEVEL

NAMES OF CHILDREN	DATE OF BIRTH	GRADE LEVEL
_____	_____	_____
_____	_____	_____
_____	_____	_____

I wish to be recognized as eligible to provide home instruction by selecting the option indicated below. (Check one)

**I have a high school diploma or higher credential.**

(Attach a copy of the high school diploma or higher educational credential)

**I have the qualifications prescribed by the Virginia Board of Education for a teacher.**

(Attach a copy of the teaching certificate or statement to this effect from the Virginia Department of Education)

**I have enrolled the child(ren) in a correspondence course.**

(Attach notice of acceptance or other evidence of enrollment showing name and address of school and the courses in which each child is enrolled.)

**I have attached a statement which describes why I am able to provide an adequate education for my child(ren).**

As prescribed in §22.1-254.1 of the Code of Virginia, I have included or will provide the school division with a description of the curriculum and evidence of having met one of the above criteria along with this notice by August 1st of each year. If I begin home instruction after the school year has started, I will submit this notice as soon as practicable and comply with the other requirements within 30 days of this notice to the school division.

I understand that by August 1st of next year, I must provide evidence of educational achievement as prescribed in §22.1-254.1 of the Code of Virginia, which defines the requirements for home instruction.

**\*\*Please also include a list of subjects to be taught on the back of this form.\*\* I have also attached to this notice a program of study or curriculum for the coming year for language arts and mathematics for each child. \*\* (You may refer to the Virginia Standards of Learning)**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Mailing/Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Phone (Cell): \_\_\_\_\_ (Home): \_\_\_\_\_ (Other): \_\_\_\_\_

Parent Email: \_\_\_\_\_

Please return to: Leigh Walker Gunter Phone: 434.799.6400  
Advanced Learning Specialist Email: dpshomeschool@mail.dps.k12.va.us  
220 Cleveland Street  
Danville, Virginia 24541

