NOTICE OF INTENT TO PROVIDE HOME INSTRUCTION
(A new form is required each school year no later than August 15)

I am providing notice of my intention to provide home instruction for the child(ren) listed below as provided by § 22.1-254.1 of the Code of Virginia, in lieu of having them attend school for the school year 20_____ - 20 _____.

Name(s) of Child(ren)	Age (as of September 30th)	Date of Birth (optional)	Grade Levels (optional)

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

☐ **I am attaching a copy of my high school diploma or a higher credential.** (Also attach a list of the subjects to be studied for the school year.)

☐ **I am attaching a copy of my teaching license or statement from the Virginia Department of Education.** (Also attach a list of the subjects to be studied for the school year.)

☐ **I am attaching confirmation of my child's enrollment in a program of study or curriculum which is to be delivered through a correspondence course or a distance learning program.** (Also attach a list of subjects to be studied for the school year.)

☐ **I am providing a program of study or curriculum in some other manner.** (Attach a list of the subjects to be studied for the school year.)

☐ **I am attaching a statement which describes why I am able to provide an adequate education for my child(ren).** (Also attach a list of the subjects to be studied for the school year.)

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, limited to a list of subjects to be studied during the coming school 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 1 following this school 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.

I hereby certify that I am the parent or guardian of the child(ren) listed above.

Print or type name and address:

_____
Parent/Guardian Name

_____
Street Address

_____
City, State, Zip

EMAIL: _____

Phone: _____

Sign: _____
Parent/Guardian Signature

Date: _____

Please return this form VIA EMAIL to:
homeinstruction@staffordschools.net

OR by mail/drop off: Stafford County Public Schools
31 Stafford Avenue
ATTN: Office of Division Counsel
Stafford, VA 22554