

KILLINGLY PUBLIC SCHOOLS

P.O. Box 210
79 Westfield Ave., Killingly, CT 06239
779-6600

2026-27 School Year

NOTICE OF INTENT for STUDENTS RECEIVING INSTRUCTION AT HOME

Student's Name: _____ Current Age: _____ D.O.B. _____

Student's Mailing Address: _____
Street (Apt #) Town Zip

Parent/Guardian Name: _____ Ph. # _____

Name of home-schooling instructor/program: _____

Please check only the subjects that will be taught:

Required	Reading-----	☐
	Writing-----	☐
	Spelling-----	☐
	English Grammar-----	☐
	Geography-----	☐
	Mathematics-----	☐
	U.S History-----	☐
	Including study of Town, State & Federal Governments	
	Science (recommended)-----	☐

Any other subjects not listed above: _____

Total number of days scheduled for instruction: _____

Instructor's methods of assessment of student's progress: _____

I ACKNOWLEDGE AND ACCEPT FULL RESPONSIBILITY FOR THE EDUCATION OF MY CHILD IN ACCORDANCE WITH THE REQUIREMENTS OF CONNECTICUT STATE LAW.

Parent/Guardian's Signature

Date

Please remit this form to the address above.

If the home-schooled student (re-)enrolls in the Killingly Public Schools or if you anticipate moving out of the Killingly District, please notify the administration office by calling 779-6600.

Central Office Use Only

I ONLY ACKNOWLEDGE RECEIPT OF THIS FORM AND RENDER NO OPINION AS TO THE APPROPRIATENESS OF THE PLANNED PROGRAM.

Assistant Superintendent of Killingly Public Schools

Date