ST. JOSEPH
SCHOOL DISTRICT

DIRECTOR OF STUDENT SERVICES
1415 N. 26TH ST.
ST. JOSEPH, MO, 64506
PH: 816-671-4006 | FAX: 816-671-4470

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.

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: _____
Verbal communication Signature: _____
Signature: _____

IF STUDENT AGE 18 OR OVER

Student Name: _____ Signature: _____

Office Use Only
Keep copy of form in student's cumulative record and send original form to:

Office of Student Services