NOTICE OF INTENTION FOR HOME INSTRUCTION

(Please complete for each child to be home schooled)

20____ -20____

Today's Date: _____

Child's Name: _____

Grade: _____ Age: _____ Date of Birth: _____

Name and Address of Parents/Guardians:

_____

_____

Home Telephone: _____ Other Contact Phone: _____

Email Address: _____

Name and Address of Person Providing Instruction (if applicable):

_____

_____

_____

Period of which home instruction is intended:

Begin: _____ End: _____

Please Return to: West Seneca Central School District
Attn: Pupil Personnel Services
1445 Center Rd.
West Seneca, NY 14224

Signature: _____ Date: _____