CAMBRIDGE PUBLIC SCHOOLS

Home Education Program

Heidi Cook
Office of the Assistant Superintendent
135 Berkshire Street Cambridge, MA 02141
T: 617.349.6400

Home School

STEP 1: Families who wish to home school their children must submit a "Notice of Intent to Pursue a Program of Home Education" Form.

Home Education Notice of Intent applications are reviewed bi-monthly from August to December and as needed from January to the end of the school year. In order to review and approve Home Education Notice of Intent application in a timely manner, materials should be received by the first Monday of the month according to the following schedule of **August**, **October**, and **December**.

Home Education Notice of Intent applications (for new or continuing proposals) should be sent, prior to beginning the Home Education Program, to:

Cambridge Public Schools Office of the Assistant Superintendent
Attn. Heidi Cook
135 Berkshire Street
Cambridge, MA 02141

For further questions on the Home Education Notice of Intent or the Home Education process, please contact Heidi Cook at HCOOK@CPSD.US or 617-349-6400 for more information. For additional information, please visit: https://www.cpsd.us/academics/homeschoolers

STEP 2: Once the Home Education Notice of Intent is approved by the office of Home Education, Cambridge residency must be confirmed by registering student(s) at the Student Resource Center in 459 Broadway, Cambridge, MA 02138. To confirm residency, please submit the following five (5) documents:

- Home School Registration Form
- Student's birth certificate or passport (Original or certified copy)
- Proof of Identity of Parent(s) - provide one of the following: State Issued Driver's License • State Issued Photo ID • Passport • Vehicle Registration • W-2 form • Payroll stub or bank statement dated within 60 days • Excise or property tax bill
- Proof of Address - provide one of the following: Lease • Section 8 Agreement • Purchase & Sales Agreement • Mortgage Statement • Deed Notarized Letter from Landlord • Letter from Homeless/Transition Service Provider • Tax bill
- Proof of Occupancy - provide one document dated within 30 days: Gas bill • Oil bill • Electric bill • Cable bill • Homeless/Transition Service Provider Letter

For questions regarding residency confirmation, please contact the Student Resource Center at SRC@CPSD.US.

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Notice of Intent to Pursue a Program of Home Education

Instructions: Complete this form and attach any additional information and submit it to the attention of Debbie Barros at 135 Berkshire Street, 02141. Thereafter, confirm residency by registering at the Student Resource Center (459 Broadway), **prior to starting the Home Education Program**.

A. Academic Year and Grade: _____

B. Name of Parents: _____

Address:

_____

Phone (daytime):_____ Phone (evening): _____

Student(s) Name: _____ Date of Birth:

Student(s) Name: Date of Birth:

Student(s) Name: Date of Birth:

C. On a separate sheet of paper, describe the instructional programs to be taught, including subjects and instructional aids to be used.

D. Optional: On a separate sheet of paper, describe the academic background, life experience and/or qualifications of those who will be instructing the child(ren), as they relate to the instructional program described in section C, above.

E. Check the method of assessment to be used:

_____ Daily logs, journals, progress reports, portfolio, or dated work samples.
_____ An independent report made by someone acceptable to both the Superintendent and Parent(s)/Guardian(s)
_____ Standardized test results.
_____ Consultation with the Superintendent of appropriate school principal.
_____ Another method agreed by both the Superintendent and home educator(s).

F. Attach written approval from appropriate CPS administrator for any ancillary services included in the home education program.

G. The following signature confirms student registration and the intent to provide a minimum of 900 hours of instruction at the elementary level and 900 hours at the secondary level.

_____ _____

Signature of Parent/Guardian Date Submitted

_____ _____

Approved by: Date

Michelle Madera, Ed.D, Assistant Superintendent for Elementary Education

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Home School: Cambridge Residency Confirmation

Please submit this form (and required documents) to the Student Resource Center, 459 Broadway, Cambridge, MA 02138.

□ **1) Home School: Cambridge Residency Confirmation Form**
□ **2) Student's birth certificate or passport** (Original or certified copy)
□ **3) Proof of Identity of Parent(s)** provide one of the following: State Issued Driver's License • State Issued Photo ID • Passport • Vehicle Registration • W-2 • Payroll stub or bank statement dated within 60 days • Excise or property tax bill
□ **4) Proof of Address** provide one of the following: Lease • Section 8 Agreement • Purchase & Sales Agreement • Mortgage Statement • Deed • Notarized Letter from Landlord • Letter from Homeless/Transition Provider • Tax bill
□ **5) Proof of Occupancy** - provide one document dated within 30 days: Gas bill • Oil bill • Electric bill • Cable bill • Homeless/Transition Service Provider Letter

Student Information:

Has the child ever registered for Cambridge Public Schools in the past? □ Yes □ No

Student Name (Last, First, Middle) _____

Gender: □ Male □ Female **Birth Date** (MM/DD/YYYY): _____ / _____ / _____

Birth City (and State, if born in U.S.): _____ **Birth Country**: _____

Home Address, Apt. # _____

City, State, Zip: _____ **Phone**: _____

Demographic: *The provision of the following information is purely voluntary.*

Student Race (Optional): □ White/Caucasian □ Black/African-American □ Asian
□ Hawaiian/Pacific Islander □ Other _____

Student Ethnicity (Optional): □ Hispanic/Latino □ Not Hispanic/Latino

Education History:

(Grades 1-5) Prior School Name: _____ City/State: _____
(Grades JK-K) Did your child attend: □ Daycare Center / Preschool □ Home-based Childcare
□ Stayed with Parent/Guardian □ Care by Babysitter/Relative
Does your child currently receive Special Education Services? □ Yes □ No
If Yes, please list the district in which the IEP is issued (City/State): _____

Sibling Information: *Please list siblings (brothers or sisters)*

Sibling 1 Name: _____ **Birth Date** (MM/DD/YYYY): ____ / ____ / _____
Sibling 1 School: _____ **Sibling Grade**: _____
Sibling 2 Name: _____ **Birth Date** (MM/DD/YYYY): ____ / ____ / _____
Sibling 2 School: _____ **Sibling Grade**: _____

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Home School: Cambridge Residency Confirmation

Please submit this form (and required documents) to the Student Resource Center, 459 Broadway, Cambridge, MA 02138.

Parent/Guardian Information:

Primary Parent/Guardian: Relationship to Student: _____

Name: _____

Address, Apt. #: _____

City/State/Zip: _____ **Home Phone**: _____

Cell Phone: _____ **Work Phone**: _____

Email Address(es): _____

Parent's Language: _____ **Parent's Occupation**: _____

Secondary Parent/Guardian: Relationship to Student: _____

Name: _____

Address, Apt. #: _____

City/State/Zip: _____ **Home Phone**: _____

Cell Phone: _____ **Work Phone**: _____

Email Address(es): _____

Parent's Language: _____ **Parent's Occupation**: _____

Do you want both parents/guardians to receive CPS mailings? □ Yes □ No

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I understand that pursuant to Massachusetts law and Cambridge School Committee policy, students who actually reside in the City of Cambridge may attend the Cambridge Public Schools and/or use its resources as Home Education students, and students who do not actually reside in the City of Cambridge may not attend the Cambridge Public Schools, unless a policy exception applies. I hereby acknowledge that no such policy exception applies to the child named on this Cambridge Residency Confirmation form. I also acknowledge that I am required to notify the school district, in writing, of any changes in said student's address within five (5) calendar days of such change of address.

I understand that this certification will be relied upon by the Cambridge Public Schools for the purpose of determining the eligibility to attend the Cambridge Public Schools and its Home Education Program on the basis of residency. I understand that after seven (7) years of my initial date of registration, or if I withdraw my child from CPS, my registration file will be destroyed but that I may claim my file from the ***Student*** *Resource Center within the first seven years of my initial date of registration or my withdrawal of my child from CPS, whichever comes first.*

I hereby certify that I can, and will upon request, substantiate all statements made on this application and that such statements are true, accurate, and complete and are made in good faith.

Parent/Guardian Name (Print): _____

Parent/Guardian Signature: _____ Date: _____