

KILLINGLY PUBLIC SCHOOLS

P.O. Box 210
369 Main Street, Danielson, CT 06239
779-6600

2011-2012 School Year

NOTICE OF INTENT for STUDENTS RECEIVING INSTRUCTION AT HOME

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

Student's Address: _____
Apt. # _____ Street _____ Town _____ Zip _____

Name of home-schooling instructor: _____ Ph. # _____

Address, if different from above: _____

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.

Superintendent of Killingly Public Schools

Date