

ELMIRA CITY SCHOOL DISTRICT
NOTICE OF INTENTION FOR HOME INSTRUCTION

Date: _____

Child's Name: _____

Grade: _____ Age: _____ Date of Birth: _____

Home School (if student was enrolled): _____

Name of Parents/Guardians: _____

Address of Parents/ Guardians: _____

Telephone Number of Parents/Guardians: (____) _____

Email: _____

IF APPLICABLE:

Name of Person Providing Instruction: _____

Address of Person Providing Instruction: _____

Telephone Number of Person Providing Instruction: (____) _____

Period for which home instruction is intended: Begin: _____ End: _____

I/We intend to home instruct my/our child listed above for the _____ school year.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

Hispanic	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Race	<input type="checkbox"/> White	
	<input type="checkbox"/> Black or African American	
	<input type="checkbox"/> Asian	
	<input type="checkbox"/> American Indian or Alaska Native	
	<input type="checkbox"/> Native Hawaiian/Other Pacific Islander	