

APPLICATION FOR HOME EDUCATION

Instructions:

1. Please read the attached Attleboro Public Schools School Committee Policy and Procedures on Home Education.
2. Complete this form, attach the required supporting documentation, and forward it to:

Assistant Superintendent
100 Rathbun Willard Drive
Attleboro, MA 02703-2799

Mother/Guardian Name

Father/Guardian Name

Street Address

Street Address

Home Phone/Cell Phone

Home Phone/Cell Phone

Business/Address

Business/Address

Business Phone

Business Phone

Name of students who will be taught at above designated home:

Student Name

DOB

Attleboro School District

Grade

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Period of time for which approval is sought (please note: *an application must be submitted and renewed annually*):

from: _____ / _____ to _____ / _____
month year month year

Qualifications of Teachers

Attach a statement providing the following information about any and all persons who will serve as teachers in this program that includes the following:

- name, address, telephone number
- teaching responsibility
- college degrees, if any
- teaching certification, if any
- other evidence to describe teaching competence for the task to be assigned

Home Education Plan

Attach a proposed home education plan for each child that includes the following:

- description of each subject to be taught, including major concepts and the primary materials to be used in each area
- description of the schedule for instruction during the period for which approval is requested
- statement describing the tests or measurements that you plan to use to evaluate your child's educational progress during this period

Signature of Mother/Guardian

Date

Signature of Father/Guardian

Date