

AVON PUBLIC SCHOOLS

APPLICATION FOR HOME EDUCATION

Please submit written notification of establishment of the home-based program to the Superintendent of Schools 14 days before the program is established, and resubmit notification on an annual basis as long as the child or children are being educated in a home-based environment.

1. Name and Address of Parent(s) or Guardian(s):

Home Telephone: _____

Business Address (Mother) _____

Business Telephone: _____

Business Address (Father) _____

Business Telephone: _____

Business Address (Guardian): _____

Business Telephone: _____

2. Name(s) of student(s) who will be taught at above designated home and current comparable public school grade level(s):

Name: _____ Grade: _____

Name: _____ Grade: _____

Name: _____ Grade: _____

Name: _____ Grade: _____

3. Period of time for which approval is sought:

_____ through _____
month/year month/year

4. **Qualifications of Teachers:** Attach a statement providing the following information about principle persons who will serve as teachers in this program:

Name, teaching responsibility, college degrees (if any), college major and minor, past teaching experience (if any), teaching certification (if any), and any other evidence to describe competence for the task to be assigned. (College degree is not required.)

5. **Home Education Plan:** Attach a proposed home education plan for each child which includes the following:

- The proposed curriculum and the number of hours of instruction in each of the proposed subjects.
- The textbooks, workbooks and other instructional aides to be used by the children and the lesson plans and teaching manuals to be used by the parents.
- Periodic standardized testing of the children to ensure educational progress and the attainment of minimum standards.

Signature of Parent(s) or Guardian(s):

Date

Date Received in the Office of The Superintendent of Schools: _____.