Berlin Public Schools, Berlin, Connecticut Notice of Intent: Instruction of Student(s) at Home

School Year					
Name of Student(s):			e of Birth:	Grade	
		Date of Birth:		Grade	
				Grade	
Name of Parent/Guardian				_	
Address:		Phone:		Cell:	
Name of Teacher					
Address:	 	Phone:		Cell:	
On what date do you expect to begin home in (This information will help the school system	struction'	? at your	child is not truant.)		
The subjects to be taught are:					
Required	Yes	No			
Reading					
Writing					
Spelling					
English Grammar					
Geography					
Arithmetic					
U. S. History					
			(including a study a	ftarry state and foderal garraments	
Citizenship			(including a study o	f town, state, and federal governments	
Recommended					
Science Other					
Total number of days scheduled for instructio	n:				
Teacher's methods of assessment of student p	rogress:_				
I acknowledge and accept full responsibility f state law. (Connecticut Gen. Statute 10-184 and			of my child(ren) in a	ccordance with the requirements of	
Parent/Guardian			Date:		
			Date:		
I acknowledge receipt of this form and render program. An annual portfolio review will be s				oriateness of the home instruction	
Assistant Superintendent:			Date:		

Please return this form to: Berlin Board of Education, Attn: Margarita Alahverdian, 238 Kensington Road, Berlin CT 06037 or email to: malahverdian@berlinschools.org