



Acknowledgement Of Option To Exempt Attendance Of Child Five Or Six Years Of Age From School

Student Number: _____

Pursuant to Section 10-184 of the Connecticut General Statutes, I

_____, of _____, the parent,
Name of Parent, Guardian or Other **Address**

guardian or other person charged with the care of the following minor child

_____ of _____
Name of Child **Address**

who was born on _____ do hereby choose not to send my child
Date

to public school during the _____ .
School Year

Furthermore, before signing this form _____, principal of
Name of Principal

_____ Elementary School, Norwalk Public School district met with me
School Name

and provided me with information concerning the educational opportunities and school accommodations available in the school system.

Acknowledged by:

Signature of Parent, Guardian or Other

Signature of School Administrator

Date

Date



Notice of Intent Instruction of Student at Home

(For District Use Only)

School: _____

Student Number: _____

Student Name: _____

Date of Birth: _____

Address: _____

Number: () _____ - _____

Name of Teacher: _____

Address: _____

Number: () _____ - _____

The subjects to be taught are:

	Yes	No
Reading	_____	_____
Writing	_____	_____
Spelling	_____	_____
English Grammar	_____	_____
Geography	_____	_____
Arithmetic	_____	_____
Science	_____	_____
U.S. History	_____	_____
<i>(Including a study of towns, state, and federal governments)</i>		
Citizenship	_____	_____
Other:	_____	_____

Total number of days scheduled for instruction: _____

Approximate hours per day scheduled for instruction: _____

Teacher's methods of assessment of student progress:

An Annual Portfolio Review will be held on or about: _____
(Date)

Annual Portfolio Review Completed on: _____
(Date)

I ACKNOWLEDGE AND ACCEPT FULL RESPONSIBILITY FOR THE EDUCATION OF MY CHILD IN ACCORDANCE WITH THE REQUIREMENTS OF STATE LAW.

Signature _____
Parent Date

Thank you for completing this form. Please return this form to the school named on the first page of the form.

For office use only. Please do not write below this line.

I ONLY ACKNOWLEDGE RECEIPT OF THIS FORM AND RENDER NO OPINION AS TO THE ADEQUACY OF THE PLANNED PROGRAM.

Superintendent Date

Faxed: (Circle)

Yes No



**Norwalk Home Schooled Students
Annual Portfolio Review Completion Form**
(To be completed by the Principal)

_____ School

Student _____

Student Number _____

Date Review Completed _____