

## SPRINGFIELD PUBLIC SCHOOLS, S PRINGFIELD, MASSACHUSETTS

## HOME INSTRUCTION NOTIFICATION

In accordance with state law, no child may begin a home instruction program prior to its review and approval by the School Committee or Superintendent.

Please complete this form, attach all supporting documents and email it to <a href="https://homeschool@springfieldpublicschools.com">homeschool@springfieldpublicschools.com</a> or mail it to the Office of Instruction at Springfield Public Schools, 1550 Main Street, 3rd Floor, Springfield, MA 01103.

Notification Date:	otification Date:Date for beginning home instruction:				
Name of Parent/Guardian(s):					
Address:	Zip:	Pho	Phone number:		
Name of student of compulsor public school grade level:	y attendance age (6-16) who will	be educated at ho	ome, date of birth and c	urrent comparable	
Name			D.O.B.	Grade	
First	Middle Name	Last			
Required support	ing documents:				
	demic background, life experiency relate to the instructional progra			vill be instructing	
	posed curriculum (including each er of hours of instruction); and	n subjects' scope	e, major goals and obje	ctives), and schedule	
Description of the edu	icational materials and methods	to be used; and			
Method of assessmen	ts to be used to ensure education	al progress and a	attainment of minimun	ı standards	
Instruction at Springfield Pul	on Notification be approved, Parolic Schools by June 30 <sup>th</sup> of each ld Public Schools reserves the rademic progress.	n school year, an	annual evaluation of	your child's	
Parent/Guardian Signature:		Date Submitted:			
(For Central Office Use C	Only)				
Date Received:	Date Approved:		Date Denied:		
Comments:					
		Date Sent to t	he Parent Information	Center:	