

NOTICE OF INTENTION FOR HOME INSTRUCTION

Date: _____

Child's Name: _____

Grade: _____ Age: _____ Date of Birth: _____

Name and Address of Parents or Guardians:

Telephone Number: (____) _____

Name and Address of Person Providing Instruction (if different than parent/guardian):

Period for which home instruction is intended:

Begin: _____

End: _____

SUBMIT TO:

District Office
Wheatland-Chili Central School District
13 Beckwith Avenue
Scottsville NY 14546