

IHBG-A HOME SCHOOL APPLICATION FORM

NOTICE OF INTENT TO PURSUE A HOME EDUCATION PROGRAM

Please complete this form, attach any additional supporting information, and forward it to the Oxford Public Schools, Office of the Superintendent, 4 Maple Road, Oxford, MA 01540. A separate form must be completed for each child.

Please indicate the academic time period for which this Home Education Plan will apply:

FROM: _____ TO: _____

PARENT(S)/GUARDIAN(S) INFORMATION

NAME(S): _____

ADDRESS: _____

EMAIL: _____

TELEPHONE: _____

STUDENT INFORMATION

NAME: _____

DATE OF BIRTH: _____

GRADE LEVEL: _____

HOME EDUCATION PLAN

Proposed Curriculum. Please describe below or attach the proposed curriculum including subjects, lesson plans, educational teaching materials/aides to be used, and goals/objectives.

Instructional Hours. Please indicate the number of instructional hours for the academic time period requested, including the number of hours and days planned as well as a typical day long schedule.

Instructor Qualifications. Please provide below or attach the academic background, life experience, and/or qualifications of those who will be instructing the student.

Assessment. Please indicate and describe below or attach relevant information regarding the method of assessment to be used to ensure educational progress and attainment of minimum standards.

_____ Standardized test results _____ Consultation with School Principal

_____ Daily logs, journals, progress reports, dated samples _____ Other

Describe:

Failure of a home educator to abide in good faith by the requirements outlined under Massachusetts General Law Chapter 76, upon the recommendation of the Superintendent of Schools the School Committee may pursue legal action.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date