

Swampscott Public Schools
207 Forest Avenue
Swampscott, MA 01907
781-596-8800

Notice of Intent to Pursue a Program of Home Education

Academic Year _____

Instructions: Please complete this form, attach any additional information, and forward all documents to the Director of Curriculum and Instruction, Swampscott Public Schools, 207 Forest Avenue, Swampscott, MA 01907, prior to the starting date of the home education program. Expect a response to this form from the Superintendent or designee within 10 days. If this process is initiated during the school year, the student must remain in school until the school district and the parent(s)/guardian agree jointly to the home education plan.

The Swampscott Public Schools reserves the right to assess the educational attainment of entering students and to place them at a grade level most appropriate for their maturational level and academic attainment.

A. Parent(s) Guardian Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____
Daytime Evening

Student: _____

D.O.B.: _____

Last Grade Taught in Swampscott Public Schools: _____

Most Recent Grade Taught at Home: _____

B. On a separate sheet, describe the following: (*Mandatory*)

- 1.) The instructional program to be taught, including subjects
- 2.) A Daily Schedule
- 3.) A School Year Calendar
- 4.) A Detailed Curricula
- 5.) The Instructional Materials and/or Technology to be used

C. Academic background, life experience, and/or qualifications of those who will be instructing the child(ren), as they relate to the instructional program described in Section B.

D. Check the method of assessment to be used followed by a brief description. Please plan to share your assessments with the appropriate principal.

___ Daily logs, journals, progress reports, portfolios, or dated work samples

___ An independent report made by someone acceptable to both the superintendent and parent(s)/guardian

___ Standardized test results

___ Consultation with the superintendent and/or appropriate school principal

___ Any other method agreed to by both the superintendent and home educator(s)

E. Complete the attached Registration/Supplementary Health Form.

The following signature(s) confirm the intent to provide a minimum of **900 hours for elementary children** and **990 hours for secondary age children**.

Signature of Parent(s) or Guardian

Date Submitted

The signature of the school official indicated final approval of this plan. A parent(s)/administrative conference may be scheduled.

Signature of Superintendent or Designee

Date of Response

Signature of Curriculum and Instruction Director

Date of Signature

Signature of Principal

Date of Signature