NOTICE OF INTENTION FOR HOME INSTRUCTION

School District: HORSEHEADS CENTRAL SCHOOL DISTRICT

CHILD'S NAME: _____

Name of Parents/Guardians: _____

Address of Parents/Guardians: _____

_____

_____

E-Mail Address:_____

I/we intend to home instruct my/our child listed above for the 20___-20___ school year.

_____ _____
Parent/Guardian Signature Date

_____ _____
Parent/Guardian Signature Date

Please send this completed form to:
Horseheads Central School District
Attn: Dr. Thomas J. Douglas
143 Hibbard Road
Horseheads, NY 14845