

NOTICE OF INTENTION FOR HOME INSTRUCTION

School District: HORSEHEADS CENTRAL SCHOOL DISTRICT

CHILD'S NAME: _____

Name of Parents/Guardians: _____

Address of Parents/Guardians: _____

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
Student Services – Donna Schnautz
1 Raider Lane
Horseheads, NY 14845