

SHAKER REGIONAL SCHOOL DISTRICT ADMINISTRATIVE RULES AND PROCEDURES

Notification of Home Education Program

On or before the date a home education program will begin, a parent desiring to initiate a home education program must select a participating agency and provide them with the following information:

Parent Information:

(Last Name) (First Name)

(Street Address)

(Town/City) (State) (Zip Code)

(Day time phone number)

Student Information:

(Last Name) (First Name) (Date of Birth) (Grade level)

(Last Name) (First Name) (Date of Birth) (Grade level)

(Last Name) (First Name) (Date of Birth) (Grade level)

(Last Name) (First Name) (Date of Birth) (Grade level)

Program Start Date: _____

(Parent Signature) (Date)

Please select from the following list of participating agencies and forward a copy of this completed form to that agency.

<input type="checkbox"/> Michael J. Tursi Superintendent of Schools Shaker Regional School District 58 School St. Belmont, NH 03220	<input type="checkbox"/> Ellie Riel Program Assistant Home Education NH Dept. of Education 101 Pleasant St. Concord, NH 03301-3860	<input type="checkbox"/> Non Public School Principal
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