VERNON PUBLIC SCHOOLS



Office of the Superintendent 30 Park Street • P.O. Box 600 Vernon, CT 06066-0600 Fax (860) 870-6005

Website: www.vernonpublicschools.org

*Notice of Intent: Instruction of Student at

	Home 2021-2022	One	form per child*
Name of Student: Address:		Date of Birth: Telephone:	
Name of Teacher:		Telephone:	
		This student and has grad	has completed 12th grade uated.
REQUIRED: Rea Wri Spe	ding ting ling ish Grammar		YES NO
Arit U.S. Citiz	graphy hmetic History enship (including a study of town, state and fe	ederal governments)	
RECOMME! Scie			
OTHER:			
*Total number of days sch *Teacher's methods of as: *If other, please describe	sessment of student progress (circle one): Por	tfolio Review	Other
	full responsibility for the education of my chil	d in accordance with tl	he requirements of state
Parent/Guardian:	(Signature)	Date:	
I acknowledge receipt of t program.	his form and render no opinion as to the adeq	uacy or appropriatene	ss of the home instruction
Assistant Superintendent:	Robert Testa, Signature	Date:	

The Vernon Public Schools, in partnership with family and community, is committed to provide a quality education, with high expectations, in a safe environment where all students become independent learners and productive contributors to society.