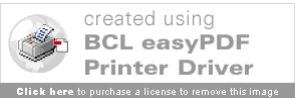


**RELATIONS WITH HOME SCHOOLS
APPLICATION FOR HOME INSTRUCTION**

Directions:

1. Please read the School committee policy on Home Education.
2. Complete this form; attach any supportive documents; and forward it to the Director of Pupil Services by August 1st, prior to the planned start of a home education program.
3. Parents names(s) and address: _____

4. Name(s) of student(s) who will be taught at above designated home and current comparable public school grade level(s):
 Name _____ Grade _____
 Name _____ Grade _____
5. Period of time for which approval is sought: _____
 month/year
 through _____
 month/year
6. Teachers: Attach a statement providing the following information about any persons who will serve as teachers in this program.
7. Subjects to be taught: Attach a description of each subject to be taught including the scope, major goals and objectives for the child, the major materials and methods to be used in each area.
8. Scheduling of instruction: Attach a description of the schedule you plan for instruction during the period for which approval is requested. Include the number of hours and days planned.
9. Materials and Methods: Attach a listing and description of the texts, materials, methods and programs to be used. A sample of these materials would be extremely helpful and will be returned to you.



10. Evaluation: Attach a statement describing the tests or measurements that you plan to use to evaluate your child's educational growth during this period. If this home education plan is approved, the school department will expect to implement a periodic evaluation of the child's progress similar to the school-attending students and may set guidelines and standards for this purpose to ensure the valuation of reasonable educational progress.

11. Response by Superintendent of Schools: Ordinarily, you will receive a response to your proposal plan within twenty (20) days from receipt of your application.

12. Hearing: As parents, you have the right to a hearing before the Superintendent, if you wish, to allow you an opportunity to explain your plan further and answer questions about it. You may be represented by counsel. If you wish to take this option, please so state your wish below by providing two possible times when this would be convenient for you.

Yes, a hearing is requested. The following two possible dates and times are suggested:

_____	_____
date	time
_____	_____
date	time

Date of Application

Signature of Person Completing Application

Revised February 7, 2005

Adopted February 2, 2004

Granby Public Schools – 2003

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