



**NOTICE OF INTENT
INSTRUCTION OF STUDENT AT HOME
2024-2025 School Year**

(For District Use Only)

RETURN FORM BY MAIL OR EMAIL TO:

Deputy Supt's Office, Consolidated School District of New Britain, 272 Main Street, P.O. Box 1960, New Britain, CT 06050-1960 or

Email: mancini@csdnb.org

NAME OF STUDENT: _____ DATE OF BIRTH: _____

ADDRESS: _____ TELEPHONE #: _____

NAME OF TEACHER: _____ GRADE: _____

ADDRESS: _____ TELEPHONE #: _____

THE SUBJECTS TO BE TAUGHT ARE:	YES	NO
Reading		
Writing		
Spelling		
English Grammar		
Geography		
Arithmetic		
U.S. History		
Citizenship (including a study of town, state, and federal		
Science (RECOMMENDED)		
Other		

REQUIRED

Total number of days scheduled for instruction: _____

Teacher's method of assessment of student progress: _____

*An annual portfolio review will be held on or about: _____ Date
***(For parental use only, not District mandated.)**

I acknowledge and accept full responsibility for the education of my child in accordance with the requirements of state law.

 Parent(s) _____ Date

I only acknowledge receipt of this form and render no opinion as to the appropriateness of the planned program.

 Superintendent _____ Date