



NOTICE OF INTENT TO PROVIDE HOME INSTRUCTION

___ Are you a current or previous Portsmouth Public Schools' Home Instruction parent/guardian(s)?
 ___ Are you a first time applicant?

I am providing notice of my intention to provide home instruction for the child(ren) listed below as provided by section 22.1-254.1 of the Code of Virginia in lieu of having them attend school. For the school year _____ - _____.

PLEASE FILL OUT COMPLETELY

Name(s) of Children	Date of Birth*	Grade Level	Special Ed (List Category)	School child(ren) would attend if enrolled

*Optional

I hereby certify that I am eligible to provide home instruction under Virginia law because:

1. I have a high school diploma or a higher credential. (Attached is the following)
 ___ Copy of diploma or degree
 ___ Description of Curriculum

2. I have qualifications prescribed by the Board of Education for a teacher. (Attached is the following.)
 ___ Copy of License

3. I have enrolled the child(ren) in a correspondence course approved by the Superintendent of Public Instruction. (Attached is the following.)
 ___ Proof of purchase
 ___ List of courses student(s) enrolled

4. I have attached to this notice:
 ___ A list of the subjects to be studied.
 ___ Statement that provides information as to my ability to provide an adequate education for my child(ren)

___ I understand that by August 1 of the next year, I must provide evidence of educational achievement as defined for home instruction prescribed in Section 22.1-254.1 of the Code of Virginia. I understand that if the evidence is not provided by me, or if my child(ren) do not achieve an adequate level of educational growth and progress, that my child(ren) may be placed on probation for one year.

___ I certify the immunization records of the above listed child(ren) are in compliance with Code of Virginia 22.1-271.4 (immunization requirements) in the same manner and to the same extent as if the child has been enrolled in and is attending school.

___ I hereby certify that I am the parent or guardian of the child or children listed above. The information I am providing is true and correct to the best of my knowledge and belief.

___ I understand that I must annually notify the Division Superintendent by August 15 if I wish to continue home instruction.

 Parent/Guardian Signature

 Date

Name & Address (Please print or type) _____

Phone Numbers Work _____ Home _____ Cell _____