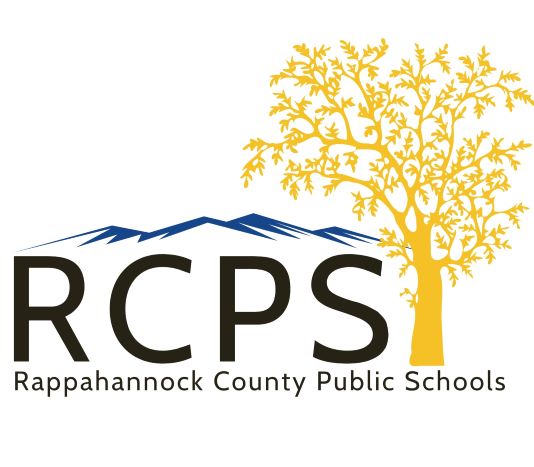
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**NOTICE OF INTENT TO PROVIDE HOME INSTRUCTION**

This form has been revised due to changes in Section 22.1.-254.1 of the Code of Virginia, effective July 1, 2012. **DO NOT SUBMIT THIS FORM TO THE VIRGINIA DEPARTMENT OF EDUCATION.** Please forward this completed form to Michelle C. Berta, Rappahannock County Public Schools, 6 Schoolhouse Road, Washington, VA 22747. Phone 540.227.0023, extension 3210, E-mail mberta@rappahannockschools.us.

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 20 \_\_\_ - 20\_\_\_\_.

NAME(S) OF Child(ren) Date of Birth Grade Level

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

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I wish to be recognized as eligible to provide home instruction by selecting any one of the following three options indicated below.

I have a high school diploma or higher credential. (Attach a copy of the documentation that shows this.)

I have qualifications prescribed by the Board of Education for a Teacher. (Attach a copy of a Teaching License or statement to this effect from the VA. Dept. of Education.)

I have provided a program of study or curriculum which is to be delivered through a correspondence course or a distance learning program or in some other manner. (Attach a notice of acceptance, paid receipt or confirmation letter showing name and address of the school and a list of subjects to be studied for the coming school year if the child is enrolled in a correspondence course or distance learning program. If you choose to provide a program of study or curriculum in some other matter as specified in the Code, a list of subjects to be studied for the coming school year must be submitted to the school division.)

I have attached to this notice a statement which describes why I am able to provide an adequate education for my child/children. (Please contact Student Services Office to determine requirements for this option.)

Current copy of up-to-date immunization record from Health Department, hospital or Private Physician

As prescribed in Section 22.1-254.1 of the Code of Virginia, I have included or will provide the school division with a description of the curriculum, limited to a list of subjects to be studied during the coming school year, and evidence of having met one of the above criteria along with this Notice by August 15th of each year. If I begin home instruction after the school year has started, I will submit this Notice as soon as practicable and comply with the other requirements within 30 days of this Notice to the school division.

I understand that by August 1 following this school year, I must provide evidence of educational achievement as prescribed in Section 22.1-254.1 of the Code of Virginia, which defines the requirements for home instruction.

I hereby certify that I am the parent or legal guardian (please supply court documentation of guardianship) of the child or children listed within this Notice of Intent.

Parent/Guardian Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street/P.O. Box City Zip Code

911 Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-Mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_