



**THOMASTON PUBLIC SCHOOLS  
NOTICE OF INTENT: INSTRUCTION OF STUDENT AT HOME**

**Return Completed Form to:  
Superintendent of Schools, 185 Branch Road, Thomaston, CT 06787**

**Student Information**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_

**Home-School Teacher Information**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Email: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_

<b>SUBJECTS TO BE TAUGHT (check each accordingly):</b>	<b>YES</b>	<b>NO</b>
<b>(REQUIRED)</b>		
Reading		
Writing		
Spelling		
English Grammar		
Geography		
Arithmetic		
U.S. History		
Citizenship (including a study of Town, State and Federal Governments)		
<b>(RECOMMENDED)</b>		
Science		
<b>(OTHER)</b>		

Total number of days scheduled for instruction: \_\_\_\_\_

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Teacher's method(s) of assessment of Student Progress:

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An annual Portfolio Review of the student's work will be held on or about: \_\_\_\_\_  
Date

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**Parent Information**

**Parent/Guardian 1**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Email: \_\_\_\_\_ Telephone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

**Parent/Guardian 2**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Email: \_\_\_\_\_ Telephone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

I/We acknowledge and accept full responsibility for the education of my/our child in accordance with the requirements of State Law.

\_\_\_\_\_  
Parent/Guardian 1 - Signature      Parent/Guardian 2 - Signature      Date

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**Thomaston Public Schools Information**

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

\_\_\_\_\_  
Superintendent Signature      Date