

BOARD OF EDUCATION

City Hall - 45 Lyon Terrace
Bridgeport, Connecticut 06604

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Secretary



“Changing Futures and Achieving Excellence Together”

JOSEPH SOKOLOVIC

NOTICE OF INTENT: INSTRUCTION OF STUDENT AT HOME

Name of Student: _____ Date of Birth: _____

Address: _____ Telephone #: _____

Name of Teacher: _____

Address: _____

Telephone #: _____ FAX: _____

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

Total number of days scheduled for instruction: _____

Teacher's methods of assessment of Student Progress:

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

Please contact your child's school _____ to schedule the portfolio review.
District School

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

Parents

Date

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

Superintendent

Date