

Greater Johnstown School District
Johnstown, NY 12095

Notice of Intent to Home School

Date: _____

Child's Name: _____

Grade Level: _____ Age: _____ DOB: _____

Local School: _____

Name and Address of Parents/Legal Guardians:

Telephone Number(s): _____

Name and Address of Person Providing Instruction:

Period for which home instruction is requested:

Begin: _____

End: _____

Parent Signature: _____ Date: _____

Instructor Signature: _____ Date: _____

For Office Use Only

Received by: _____ Date: _____