

Home Instruction Education Application Form  
Winchendon Public Schools

**Parent(s) or Guardian(s):**

Date of Application: \_\_\_\_\_ Home Schooling to begin \_\_\_\_\_

Name: \_\_\_\_\_

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

Telephone No. (day): \_\_\_\_\_ Telephone No. (night): \_\_\_\_\_

**Student:**

Name (including middle name): \_\_\_\_\_

Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Home school information, if different from above:**

Name of Teacher: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Has this child been home educated before?      Yes      No      If yes, year: \_\_\_\_\_

Grade level for which home education is requested: \_\_\_\_\_

**Parents/Guardians, please provide the following information, preferably on this form.**

1. Describe your academic credentials or other qualifications for home education.

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2. What is the proposed number of days for the home education year? \_\_\_\_\_

3. Please describe the method of assessment. The Winchendon Public School District recommends that a standardized test be administered at the end of each academic year.

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Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

4. Please describe **content, hours of instruction/week or/year, and methods of study** planned for each of the following content areas:

Mathematics: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Science and Technology: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

History/Social Studies: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

English: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Foreign Language: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Arts: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<u>SUBJECT</u>	<u>TEXT</u>	<u>PUBLISHER</u>	<u>MIN. PER WEEK</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Parent's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Approval of Superintendent: \_\_\_\_\_

Date: \_\_\_\_\_