

HOME SCHOOLING

Notice of Intent Form

T 337.				School Y	ear:
I, We Parent's Nan					
	Addres	s			
	City/To	wn			
Telephone			Postal Code		
	E-mail Ad	dress			
Indicate our intention to esta	blish/continue a ho	me scho	oling situ	uation for our child	l(ren):
					Part time
Child's Name	Date of Birth (mm / dd / yy)	M/F	Grade	Neighbourhood School	☐ Full time
					Part time
Child's Name	Date of Birth (mm / dd / yy)	M/F	Grade	Neighbourhood School	☐ Full time
	/ /				☐ Part time
Child's Name	Date of Birth (mm / dd / yy)	M/F	Grade	Neighbourhood School	Full time
	/ /	- N. / E			Part time
Child's Name	Date of Birth (mm / dd / yy)	M/F	Grade	Neighbourhood School	☐ Full time
Accepting full responsibility (R.S.O., 1990.C.E.2).	for providing home	schooli	ing in cor	npliance with the F	Education Act
Date	Date		_	Parent/Guardian	
Date	Date		_	Parent/Guardian	
Date	Date		_	Acknowledged by Principal	
For Office Use Only:					