NEWBURYPORT PUBLIC SCHOOLS
Notice of Intent to Pursue a Program of Home Education 22-23

Instructions: Please complete this form, attach any additional information and forward it to the Assistant Superintendent of Schools, Newburyport Public Schools, 70 Low Street, Newburyport, Massachusetts 01950 at **least 14 days prior** to the intended starting date of the home education program. If this process is initiated during the school year, the student must remain in school until the school district and the parents agree jointly to the home education plan.

A. Demographic Information

Parent/Guardian Name(s)		
Address		
Phone (days)		
Student(s) Full Name:	**Date of Birth**	**Grade for 22-23 School Year**
Teacher Name & Qualifications		

B. Curriculum

Subject/Content Area	Hours/Weekly: (minimum of 900 hours (grades 1-8) or 990 hours (grades 9-12) of instruction per year)	Textbook, materials and/or other instructional aids
English Language Arts		
History & Social Studies		
Mathematics		
Science/STEM Education		
Arts/Music		
Foreign Languages (Gr 6-12)		
Wellness Education		

D. **Check the method of assessment to be used, followed by a brief description.**

- ❑ Daily logs, journals, progress reports, portfolios, or dated work samples.
- ❑ An independent report made by someone acceptable to both the Superintendent and parent(s) or guardian(s).
- ❑ Standardized test results.
- ❑ Any other method agreed to by both the Assistant Superintendent and home educator(s).

Failure of a home educator to abide in good faith by the procedures outlined above may result in the School Committee taking action under Massachusetts General Law Chapter 76, sections 2 and/or 4, upon the recommendation of the Superintendent. CHINS proceedings pursuant to Massachusetts General Law Chapter 119, Section 21, will NOT be invoked for any child pursuing a home education program.

REF: M.G.L. Chapter 76, Sections 1,2 and 4
Charles Decision

_____ _____
Signature of Parent or Guardian Date Submitted

All assessment materials MUST be returned to the Assistant Superintendent by **June 30th.**

For more information contact:

LisaMarie Ippolito
Assistant Superintendent of Curriculum & Instruction
Newburyport Public Schools
70 Low Street
Newburyport, Massachusetts 01950
978-465-4456 lippolito@newburyport.k12.ma.us

School Business Only:
Date of home educator/ administrative meeting/letter received: _____

The signature of the school official indicates final approval of this plan. A parent/administrative conference may be scheduled.

_____ _____
Signature of Superintendent or Designee Date

Date Letter of approval sent to family: _____