

SCHOOL ADMINISTRATIVE UNIT #44

23A MOUNTAIN AVENUE
NORTHWOOD, N.H. 03261
(603) 942-1290
FAX: (603) 942-1295

NOTIFICATION OF HOME EDUCATION PROGRAM

ON OR BEFORE THE DATE A HOME EDUCATION PROGRAM WILL BEGIN, A PARENT DESIRING TO INITIATE A HOME EDUCATION PROGRAM SHALL SO ADVISE THE PARTICIPATING AGENCY WITH WHICH THE PROGRAM SHALL BE ESTABLISHED BY PROVIDING THE INFORMATION LISTED BELOW:

PLEASE MAIL COMPLETED FORM TO ONE OF THE FOLLOWING PARTICIPATING AGENCIES:

☒ Resident District Superintendent

☐ Non-public School Principal Name of Non-Public School: _____

☐ Commissioner of Education

PARENT(S): _____
(Last Name) (First Name)

(Street)

(Town/City) (State) (Zip Code)

PHONE NUMBER: _____

CHILD(REN):

(Last Name) (First Name) (Date of Birth) (Grade)

PROGRAM START DATE: _____

(Parent's Signature)

(Date)

A parent wishing to voluntarily terminate an established home education program shall notify in writing within 15 calendar days of termination the appropriate agencies.