

APPLICATION FOR HOME EDUCATION PROGRAM

Complete this form, attach the required supporting documentation, and forward it to the school principal **at least 14 days prior** to the planned start of a home education program. This application must be resubmitted on an annual basis as long as the child is being educated in a home-based environment. Please complete one application per student. For more information, visit <u>ashland.k12.ma.us/homeschool</u>.

PARENT/GUAR	DIAN INFORM	IATION					
Parent/Guardia	n Name #1:						
Parent/Guardia	n Name #2:						
Residential Address:							
Telephone:							
Email Address:							
STUDENT INFO Please provide comparable pu	information f		tudent who will be taught at the abo	ve design	ated home ar	nd their curr	ent
Student Name:						Grade:	
Date of Birth:			Period of time for which approval is	s sought:		through	
MM/DD/YYYY					Month/Year		Month/Year
evidence Attach a A. A B. A t C. A	proposed hom A description of major material A description of the number of	eaching ne educ of each s and n of the so hours p escribin	e (if any), college major and minor, particle competence for the task to be assignation plan for each child which inclusively subject to be taught, including the senethods to be used in each area. Schedule for instruction during the perer day or week for each subject area go the methods that you plan to use eriod.	gned. udes the fo cope, maj riod of wh	ollowing: or goals and onich approval	objectives, a	and the
Parent/Guardian #1			Pare	ent/Guardi	ian Signature	#2	
School Principal Signature			Date	9			
Central Office Signature							