

# New York Notice of Intent to Commence a Home Instruction Program

To: Superintendent of \_\_\_\_\_ School District

Name(s) of Parent(s): \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

The following child(ren) of compulsory attendance age will be educated at home during the \_\_\_\_\_ school year in accordance with Section 100.10 of the Regulations of the Commissioner of Education.

Child's Name:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Names of any additional children of compulsory attendance age attached.)

Signature(s) of Parent(s): \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_