

*Greater Johnstown School District  
Johnstown, NY 12095*

**Notice of Intent to Home School**

Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Grade Level: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Local School: \_\_\_\_\_

Name and Address of Parents/Legal Guardians:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone Number(s): \_\_\_\_\_

Name and Address of Person Providing Instruction:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Period for which home instruction is requested:

Begin: \_\_\_\_\_

End: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Instructor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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*For Office Use Only*

Received by: \_\_\_\_\_ Date: \_\_\_\_\_