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: __________

For Office Use Only

Received by: ______________________ Date: __________