CHRISTOPHER CHEW, Ed.D. Superintendent of Schools

KERRY CLERY, Ed.D. Assistant Superintendent of Curriculum & Instruction



COURTNEY L. MORAN, M.Ed. Director of Pupil Services

PATRICIA LEONHARDT Director of School Finance, Interim

Westford Public Schools

Administrative Offices

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Notice of Intent to Pursue a Program of Home Education

	Acade	emic Year	
Ins	structions: Please complete this form, a c Curriculum Office prior to starting the	ttach the additional information requented home education program.	ested, and forward it to
1.	Parent/Guardian Info:		
	Name of Parent/Guardian(s):		
	Address:		
		Email:	
2.	First, Middle, Last Name of Each Child:		
		DOB	Grade
	Name	DOB	Grade
	Name	DOB	Grade
	Name	DOB	Grade
<i>3</i> .	 On a separate sheet, provide: a. Subjects that the student will study; b. Hours of instruction for each subject; c. Length of the home school year; d. Textbooks, workbooks, and other instructional aides to be used by the student; e. Lesson plans and teaching manuals to be used by the parent; f. Means to be used to assess the student; g. Academic credentials or other qualifications of each person who will be instructing the student; h. If this is the first year you are requesting homeschooling in Westford, you must also provide: At least 2 proofs of residency (e.g. driver's license, recent household utility bill, bank statement). 		
4.	If you are no longer home schooling your child in Westford, please indicate where your child will be educated.		
	Town/State:	School:	
Sig	gnature of Parent of Guardian		Date submitted