

WILLIAMSTOWN-LANESBOROUGH PUBLIC SCHOOLS

Office of the Superintendent

Central Office

1781 Cold Spring Road
Williamstown, MA 01267

REQUEST for HOME EDUCATION

(Form required for Grades 7 - 12/Mount Greylock Regional School District only.)

Parent Name(s) _____

Address _____

Phone _____

Children's Names	Birthdate	Age	Grade Level	Educational Program
				___Private Company ___Self-Taught

___Private Company
___Self-Taught

___Private Company
___Self-Taught

I formally request Home Education Plan approval for _____ for the 20__-20__ School Year. Attached is a Home Education Plan, which in accordance with your procedures /Mount Greylock School Policy #6105, provides the following information:

- Student's Name
- Current Grade Level
- Subjects of Instruction
- Number of Hours of Instruction in Each Subject
- Length of the Home School Year
- Academic Credentials/Other Qualifications of Instructor
- Curriculum Textbooks, Course Materials, Methods of Instruction, and Primary Goals and Objectives
- Consent for Annual Evaluation by School District or Plan to Alternatively Evaluate Student Performance

Signature _____ Date _____