

Mt. Greylock Regional School District

Office of the Superintendent

1781 Cold Spring Road
Williamstown, MA 01267
(413) 458-9582 ext. 4000

Request for HOME EDUCATION
(form **required** for Grades 7-12 MGRS only)

Parent/Guardian Name(s): _____

Address: _____

Phone: _____

Child's Name	Birthdate	Age	Grade Level	Education Program
				<input type="checkbox"/> Private Co. <input type="checkbox"/> 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

District procedures/policy IHBG, provides the following information:

- Student's name
- Current grade level
- Subjects of instruction
- Numbers 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: _____