Notice of Intent to Pursue a Home School Program

**STEP 1:** Families who wish to home school their children must submit a “Notice of Intent to Pursue a Program of Home Education” Form.

Home Education Notice of Intent applications are reviewed bi-monthly from August to December and as needed from January to the end of the school year. In order to review and approve Home Education Notice of Intent application in a timely manner, materials should be received by the first Monday of the month.

Home Education Notice of Intent applications (for new or continuing proposals) should be sent, prior to beginning the Home Education Program to:

Matthew W. Holloway  
Director of Pupil Services  
195 Federal Street, Suite 100  
Greenfield, MA 01301

**STEP 2:** Once the Home Education Notice of Intent is approved by the Pupil Services Office of the Greenfield Public Schools residency must be confirmed by registering student(s) at the Registrar's office, located at 195 Federal St., Greenfield. To confirm residency, please submit the following five (5) documents:

- Home School Registration Form
- Student's birth certificate or passport (Original or certified copy)
- Proof of Identity of Parent(s) - provide one of the following: State Issued Driver's License • State Issued Photo ID • Passport • Vehicle Registration • W-2 form • Payroll stub or bank statement dated within 60 days • Excise or property tax bill
- Proof of Address - provide one of the following: Lease • Section 8 Agreement • Purchase & Sales Agreement • Mortgage Statement • Deed Notarized Letter from Landlord • Letter from Homeless/Transition Service Provider • Tax bill
- Proof of Occupancy - provide one document dated within 30 days: Gas bill • Oil bill • Electric bill • Cable bill • Homeless/Transition Service Provider Letter

The Greenfield Public Schools does not discriminate on the basis of age, sex, marital status, race, color, creed, sexual orientation, gender identity, national origin, disability, ancestry, genetic information or military service. The Greenfield Public Schools maintain a commitment to ensuring that the school community is free from discrimination in education and employment.
Notice of Intent to Pursue a Program of Home Education

Instructions: Complete this form and attach any additional information and submit it to the Office of Pupil Services. Thereafter, confirm residency by registering at Greenfield Public Schools, Central Office, located at 195 Federal St., Greenfield, MA 01301 prior to starting the Home Education Program.

A. Academic Year:
____________________________________________________________________

B. Name of Parents:
____________________________________________________________________

Address:
____________________________________________________________________

Phone (daytime): __________________________ Phone (evening): __________________

Student(s) Name: __________________________ Date of Birth: __________________

C. On page 3 of this form, describe the instructional programs to be taught, including subjects and instructional aides to be used.

D. Optional: On a separate sheet of paper, describe the academic background, life experience and/or qualifications of those who will be instructing the child(ren), as they relate to the instructional program described in section C, above.

E. Check the method of assessment to be used:

   ______ Daily logs, journals, progress reports, portfolio, or dated work samples.
   ______ An independent report made by someone acceptable to both the Superintendent and Parent(s)/Guardian(s)
   ______ Standardized test results.
   ______ Use of online, standardized, or norm based assessments

F. Attach written approval from appropriate GPS administrator for any ancillary services included in the home education program.
The following signature confirms student registration and the intent to provide a minimum of 900 hours of instruction at the elementary level and 990 hours at the secondary level (middle and high school)

Signature of Parent/Guardian

Date Submitted

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**Proposed Home/Education Instructional Program**

(Please use an additional sheet of paper as needed)

<table>
<thead>
<tr>
<th>Subjects to be Covered</th>
<th>Planned Instructional Resources</th>
<th>Planned Annual Assessment(s)</th>
</tr>
</thead>
</table>
| Please list. (Ask your principal for a list of subjects at each grade level, or propose an individual plan. MA Gen. Law Ch 71, Sec.1 requires instruction in orthography, reading, writing, English language and grammar, geography, mathematics, art, music, history &
| Please list any public school classes or activities you would like to access, any texts or home school curriculum materials to be used, and/or other educational resources | Please list evaluation method(s) you propose. (Annual evaluation shall be done by a method mutually agreed upon by the parent and the Superintendent / designee, such as: |

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3) Proof of Identity of Parent(s) provide one of the following: State Issued Driver’s License • State Issued Photo ID • Passport • Vehicle Registration • W-2 • Payroll stub or bank statement dated within 60 days • Excise or property tax bill

4) Proof of Address provide one of the following: Lease • Section 8 Agreement • Purchase & Sales Agreement • Mortgage Statement • Deed • Notarized Letter from Landlord • Letter from Homeless/Transition Provider • Tax bill

5) Proof of Occupancy - provide one document dated within 30 days: Gas bill • Oil bill • Electric bill • Cable bill • Homeless/Transition Service Provider Letter

Student Information:
Has the child ever registered for Greenfield Public Schools in the past? □ Yes □ No
Student Name (Last, First, Middle)
_______________________________________________________________

Gender: □ Male □ Female
Birth Date (MM/DD/YYYY): _______ / _______ / ____________

Birth City (and State, if born in U.S.): ___________________________________ Birth Country: ______________

Home Address, Apt. #
_____________________________________________ ________________________
City, State, Zip: _________________________________________ Phone: ______________________________

Demographic: The provision of the following information is purely voluntary.
Student Race (Optional): □ White/Caucasian □ Black/African-American □ Asian
□ Hawaiian/Pacific Islander □ Other ___________________________

Student Ethnicity (Optional): □ Hispanic/Latino □ Not Hispanic/Latino

Education History:
(Grades 1-5) Prior School Name: ________________________________ City/State: ________________________________

(Grades 6-11) Prior School Name: ________________________________ City/State: ________________________________

(Grades PreK-K) Did your child attend: □ Daycare Center / Preschool □ Home-based Childcare
□ Stayed with Parent/Guardian □ Care by Babysitter/Relative

Does your child currently receive Special Education Services? □ Yes □ No
If Yes, please list the district in which the IEP is issued (City/State): ________________________________

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**Sibling Information:** Please list siblings (brothers or sisters) Attach additional sheet of paper if needed

Sibling 1 Name: __________________________ Birth Date (MM/DD/YYYY): ___ / ___ / ________

Sibling 1 School: ___________________________ Sibling Grade: __________

Sibling 2 Name: __________________________ Birth Date (MM/DD/YYYY): ___ / ___ / ________

Sibling 2 School: ___________________________ Sibling Grade: __________

**Parent/Guardian Information:**

**Primary Parent/Guardian:**
Relationship to Student: __________________________
Name: __________________________________________
Address, Apt. #:

___________________________________________________________
City/State/Zip: ___________________________ Home Phone: __________________________

Cell Phone: ___________________________ Work Phone: __________________________

Email Address(es):

___________________________________________________________

Parent’s Language: ___________________________ Parent’s Occupation: __________________________

**Secondary Parent/Guardian:**
Relationship to Student: __________________________
Name: __________________________________________
Address, Apt. #:

___________________________________________________________
City/State/Zip: ___________________________ Home Phone: __________________________

Cell Phone: ___________________________ Work Phone: __________________________

Email Address(es):

___________________________________________________________

Parent’s Language: ___________________________ Parent’s Occupation: __________________________

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Do you want both parents/guardians to receive GPS mailings? □ Yes □ No

I understand that pursuant to Massachusetts law and Greenfield School Committee policy, students who actually reside in the City of Greenfield may attend the Greenfield Public Schools and/or use its resources as Home Education students, and students who do not actually reside in the City of Greenfield may not attend the Greenfield Public Schools, unless a policy exception applies. I hereby acknowledge that no such policy exception applies to the child named on this Greenfield Residency Confirmation form. I also acknowledge that I am required to notify the school district, in writing, of any changes in said student’s address within five (5) calendar days of such change of address.

I understand that this certification will be relied upon by the Greenfield Public Schools for the purpose of determining the eligibility to attend the Greenfield Public Schools and its Home Education Program on the basis of residency. I hereby certify that I can, and will upon request, substantiate all statements made on this application and that such statements are true, accurate, and complete and are made in good faith.

Parent/Guardian Name (Print):

________________________________________________________

Parent/Guardian Signature: ________________________________

Date: ____________________