



Administration Building
286 Main Street
Pawtucket, Rhode Island 02862-0388
Phone: (401) 729-6300 | Fax: (401) 727-1641 | TDD: (401) 729-6338

Mrs. Patricia Royal, Ed. S.
Superintendent of Schools

Request for: Home-School Instruction

STUDENT NAME: _____ / _____ / _____
Last Name First Name Middle Name or Initial

HOME ADDRESS: _____ / _____ / _____
Street City Zip Code

TELEPHONE #: _____ EMERGENCY # _____ M ___ / F ___

PLACE OF BIRTH: _____ / _____ DATE OF BIRTH: _____
City State

SCHOOL LAST ATTENDED: _____ / _____ / Grade: _____
Name State

FATHER'S NAME: _____ / _____ / _____
Last Name First Name Middle Name or Initial

MOTHER'S NAME: _____ / _____ / _____
Last Name First Name Middle Name or Initial

HOME LANGUAGE OF: _____ / _____ / _____
Mother Father Student

NAME OF GUARDIAN (If not living with parent(s)): _____ / _____
Last Name First Name

RELATIONSHIP TO GUARDIAN: _____



Administration Building
286 Main Street
Pawtucket, Rhode Island 02862-0388
Phone: (401) 729-6300 | Fax: (401) 727-1641 | TDD: (401) 729-6338

Mrs. Patricia Royal, Ed. S.
Superintendent of Schools

Request for Home School CONT.

DOES YOUR CHILD HAVE A HEALTH CONCERN/NEED THAT WE SHOULD BE AWARE OF?
IF SO, EXPLAIN:

DOES YOUR CHILD HAVE ANY EDUCATIONAL NEEDS THAT MAY REQUIRE SPECIAL EDUCATION SUPPORT SERVICES? YES _____ NO _____

IF YES, PLEASE EXPLAIN:

MY/OUR REASONS FOR MAKING THIS REQUEST ARE AS FOLLOWS:

WHO WILL PROVIDE HOME INSTRUCTION FOR YOUR CHILD?
(Teaching certification is not required)

PROGRAM (ON-LINE) OR OTHERWISE THAT WILL BE USED?
(Please note, on-line program is not required)

ADDITIONAL NOTES IF THERE IS ANYTHING YOU WOULD LIKE TO ADD:

SIGNATURE OF PARENT OR GUARDIAN: _____

DATE: _____ TELEPHONE: _____ EMAIL: _____