



ASHLAND PUBLIC SCHOOLS  
87 West Union Street  
Ashland, MA 01721

APPLICATION FOR HOME EDUCATION PROGRAM

**INSTRUCTIONS:**

Complete this form, attach the required supporting documentation, and forward it the building principal at least 14 days prior to the planned start of a home education program (one student per application please).

1. Parent(s) Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

2. Name of student who will be taught at above designated home and current comparable public school grade level:  
 Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Date of Birth \_\_\_\_\_

3. Period of time for which approval is sought: \_\_\_\_\_  
 through \_\_\_\_\_  
 Month/Year  
 Month/Year

4. Qualification of Teacher(s): Attach a statement providing information about any and all persons who will serve as teachers in this program. Home school program must include 900 hours of instruction.

Name, teaching responsibility, college degrees (if any), college major and minor, past teaching experience (if any), and any other evidence to describe teaching competence for the task to be assigned.

5. Attach a proposed home education plan for each child which includes the following:
  - a. A description of each subject to be taught, including the scope, major goals and objectives, and the major materials and methods to be used in each area.
  - b. A description of the schedule for instruction during the period of which approval is requested. Include the number of hours per day or week for each subject area.
  - c. A statement describing the methods that you plan to use to evaluate your child's educational progress during this period.

SIGNATURE OF PARENT(S) OR GUARDIAN(S): \_\_\_\_\_  
 \_\_\_\_\_

RECEIVED IN SCHOOL OFFICE: \_\_\_\_\_  
 Signature Date

RECEIVED IN CENTRAL OFFICE: \_\_\_\_\_  
 Signature Date