## Intent to Home School

	Date:
Name:Address:	
Phone #:	
Dear Superintendent Kivela,	
	RSA Chapter 193-A:5 and Administrative Rules Ed you of the home education program for my
Name:	Date of Birth:
Name:	Date of Birth:
Name:	Date of Birth:
Beginning on:	
School Year:	_
I/We do not authorize the release of any information contained in this notice except as specifically provided by law. All information provided herein is considered privileged and confidential. Any further disclosure of this information requires written parental consent prior to such disclosure. By this notice I/we are not waiving our rights under the United States and/or New Hampshire constitution as amended.	
Sincerely,	
Parent/Guardian Signature	
Parent/Guardian Signature	