

**NOTIFICATION BY PARENT OR GUARDIAN OF INTENT TO PROVIDE HOME INSTRUCTION**

INSTRUCTIONS: Complete this form fully, including your signature, attach a description of the curriculum to be followed for each child for the coming year and any other required supporting documents, and send to: **Fairfax County Public Schools Home Instruction, 8115 Gatehouse Road, Suite 4700, Falls Church, VA 22042. Fax: 571-423-4407.**

I hereby certify that I am the parent or guardian of the child or children listed below, that I intend to teach the child or children at home during the coming school year in lieu of school attendance in accordance with §22.1-254.1 of the Code of Virginia, and that the information I am providing is true and correct to the best of my knowledge and belief.

Name of Child or Children (last, first, middle)	Gender	Date of Birth (month, day, year)	Grade Level for the ___-___ School Year	FCPS Base School
1.				
2.				
3.				
4.				

I hereby certify that I am eligible to provide home instruction under Virginia law because (CHECK ONLY ONE):

- \_\_\_\_\_ I hold a high school diploma. (ATTACH A COPY OF THE DIPLOMA **AND** A DESCRIPTION OF THE CURRICULUM TO BE FOLLOWED DURING THE COMING YEAR FOR EACH CHILD.)
- \_\_\_\_\_ I have the qualifications prescribed by the Virginia Board of Education for a teacher. (ATTACH A COPY OF YOUR CURRENTLY VALID VIRGINIA TEACHING CERTIFICATE OR A STATEMENT OF ELIGIBILITY FROM THE VIRGINIA DEPARTMENT OF EDUCATION **AND** A DESCRIPTION OF THE CURRICULUM TO BE FOLLOWED DURING THE COMING YEAR FOR EACH CHILD.)
- \_\_\_\_\_ I have enrolled the child or children in a correspondence course or distance learning program. (ATTACH PROOF OF ENROLLMENT FROM THE INSTITUTION SHOWING THE SCHOOL'S NAME AND ADDRESS AND, FOR EACH CHILD: THE CHILD'S NAME, THE TERM(S) FOR WHICH ENROLLED, AND THE COURSE(S) IN WHICH ENROLLED.)
- \_\_\_\_\_ I have attached other evidence that I am able to provide an adequate education for the child or children **AND** a description of the curriculum to be followed during the coming year for each child.

**Upon request of the Division Superintendent, I will submit documentary proof of immunizations, medical contraindication certified by a licensed physician, or affidavit attesting that the administration of immunizing agents conflicts with our religious tenets or practices.**

I understand that if I conduct home instruction, I must provide the Division Superintendent by August 1 of next year with either (1) evidence that the child or children have attained a composite score in or above the fourth stanine on any nationally normed standardized achievement test or (2) an evaluation or assessment that the Division Superintendent determines to indicate that the child is achieving an adequate level of educational growth and progress, including but not limited to: (a) an evaluation letter from a person licensed to teach in any state, or a person with a master's degree or higher in an academic discipline, having knowledge of the child's academic progress, stating that the child is achieving an adequate level of educational growth and progress; (b) a portfolio containing a sample of the child's work from each quarter in math and language arts that demonstrates the child is achieving an adequate level of annual educational growth and progress; or (c) a report card or transcript from a community college or college, college distance learning program, or home-education correspondence school. I also understand that if the required evidence of progress is not provided by me, Virginia law provides for a one-year probationary period. Parents or guardians shall file, with the Division Superintendent, evidence of their ability to provide an adequate education for their child or children and a remediation plan that indicates that their program is designed to address any educational deficiency.

\_\_\_\_\_  
(PRINT OR TYPE) Parent's or Guardian's Name

\_\_\_\_\_  
Parent's or Guardian's Signature

\_\_\_\_\_  
Number and Street

\_\_\_\_\_  
Date

\_\_\_\_\_  
City State ZIP Code

H \_\_\_\_\_ W \_\_\_\_\_  
Telephone