



## **GREENFIELD PUBLIC SCHOOLS**

CENTRAL OFFICE

195 Federal Street, Suite 100, Greenfield, MA 01301

Ph: 413-772-1315 / Fax: 413-774-7940

Stephen Sullivan, Assistant Superintendent of Teaching & Learning

*"The Greenfield Public School District is a place where every child is supported on their path to success."*

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### Notice of Intent to Pursue a Program of Home Education

**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:

Stephen Sullivan  
Assistant Superintendent of Teaching & Learning  
195 Federal Street, Suite 100  
Greenfield, MA 01301  
stesul1@gpsk12.org

**STEP 2:** Once the Home Education Notice of Intent is approved by the Assistant Superintendent of Teaching & Learning, 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 documents:

- Home School Registration Form
- Student's birth certificate or passport (Original or certified copy)
- Proof of Residency - Please provide ONE (1) of the following from List A or TWO (2) from List B:

List A: (one)

Lease

Utility Bill

Mortgage Statement

Official Rent Receipt

Landline Phone Bill

List B: (two)

Driver's License

State or Government Issued ID

Pay Stub

Income Tax Form

Voter Registration

Car/Home/Renter's

Insurance Bank Statement



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## 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 the Assistant Superintendent of Teaching & Learning. Thereafter, confirm residency by registering at Greenfield Public Schools, Central Office, located at 195 Federal Street STE 100, 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 4 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.

G. 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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<p><b>Subjects to be Covered: please list.</b> (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 &amp; Constitution of the U.S., citizenship, health, physical education, and good behavior.)</p>	<p><b>Planned Instructional Resources:</b> Please list any texts or home school curriculum materials to be used, and/or other educational resources (e.g.: travel, community service, community mentors, educational activities with peers, etc.).</p>	<p><b>Planned Annual Assessment(s)</b> 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: daily log or journal, portfolio, standardized test results.)</p>



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**Home School: Greenfield Residency Confirmation**

Please submit this form (and required documents) to the Office of the Assistant Superintendent of Teaching & Learning, located at 195 Federal St., Greenfield, MA 01301.

1. Home School: Greenfield Residency Confirmation Form
2. Student's birth certificate or passport (Original or certified copy)
3. Proof of Residency Please provide ONE (1) of the following from List A or TWO (2) from List B.

**List A. select one (1)**

- \*Lease
- \*Utility Bill
- \*Mortgage Statement
- \*Official Rent Receipt
- \*Landline Phone Bill

**List B. select two (2)**

- \*Driver's License
- \*State or Government Issued ID
- \*Pay stub
- \*Income Tax Form
- \*Voter Registration
- \*Car/Home/Renter's Insurance
- \*Bank Statement

**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  Hawaiian/Pacific Islander  
 Asian  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



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Special Education Services?  Yes  No | If Yes, please list the district in which the IEP is issued

(City/State): \_\_\_\_\_

**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 Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Home Address (street, state, zip): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address(es): \_\_\_\_\_

Parent's Language: \_\_\_\_\_ Parent's Occupation: \_\_\_\_\_

**Parent/Guardian Information:**

**Secondary** Parent/Guardian Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Home Address (street, state, zip): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address(es): \_\_\_\_\_

Parent's Language: \_\_\_\_\_ Parent's Occupation: \_\_\_\_\_



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*I understand and hereby 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.*

*Please note students who are home educated are not entitled to a Greenfield Public School diploma upon completion of their high school education.*

Parent/Guardian Name (Print): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_