VIRGINIA BEACH CITY PUBLIC SCHOOLS
CHARTING THE COURSE

NOTICE OF INTENT TO PROVIDE HOME INSTRUCTION

School Year: 2020-2021

I am providing notice of my intent to provide home instruction for the children listed below as provided for by Section 22.1-254.1A of the Code of Virginia (1950) as amended, in lieu of having them attend school.

NAME(S) OF CHILD(REN)	DATE OF BIRTH*	GRADE LEVEL*	SPECIAL ED*	SCHOOL CHILD(REN) WOULD ATTEND IF ENROLLED IN VBCPS*

*Optional

I hereby certify that I am eligible to provide home instruction under Virginia law because:

☐ I have a high school diploma. **Attach the following: Copy of diploma & List of ALL subjects home instructed.**

☐ I have the qualifications prescribed by the Board of Education for a teacher. **Attach the following**: **Copy of License & List of ALL subjects home instructed.**

☐ I am providing a program of study or curriculum. **Attach the following**: **Program of Study**

☐ I am providing evidence of ability to provide home instruction to my child(ren). **Attach the following**: **Evidence & List of ALL subjects home instructed.**

☐ Tutor – **Attach the following**: **Copy of license**

☐ I must provide evidence of educational achievement as defined for home instruction prescribed in Section 22.1-254.1 of the Code of Virginia by **August 1**. I understand that if the evidence is not provided by me, or if my child(ren) do not achieve an adequate level of educational growth and progress that my child(ren) may be placed on probation for one year.

☐ The immunization records of the above listed child(ren) are in compliance with Code of Virginia §32.1-46 (immunization requirements) in the same manner and to the same extent as if the child has been enrolled in and is attending school.

☐ I am the parent or guardian of the child or children listed above. The information I am providing is true and correct to the best of my knowledge and belief.

☐ I must **annually** notify the Division Superintendent by **August 15th** if I wish to continue home instruction.

Signature: _____ Date: _____

Name: _____ Telephone: _____

Address: _____Email Address:_____

RETURN TO: Office of Student Conduct/Services, Virginia Beach City Public Schools, 1413 Laskin Road, Virginia Beach, VA 23451
FAX: 263-2061   email: Julie.Bressette@vbschools.com Phone: 757-263-2033   (Revised 4/2020)