

LAFAYETTE COUNTY SCHOOL DISTRICT

LETTER OF INTENT

HOME EDUCATION PROGRAM

Dear Superintendent of School:

I am the parent/legal guardian of the following child(ren) whom I am requesting to home educate:

Student Name	Race/Sex	Date of Birth	Grade	Date to Begin
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Sincerely,

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Parent/Legal Guardian

\*\*\* I attest that this student resides in Lafayette County. \_\_\_\_\_ (please initial)

\*\*\* Curriculum Used for Home Education \_\_\_\_\_ .

\*\*\* Received Testing Calendar. \_\_\_\_\_ (please initial)

**Contact Information:**

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
Residence Address