

GATES CHILI CENTRAL SCHOOL DISTRICT

LETTER OF INTENT TO HOME SCHOOL 2024-25

Please complete one letter of intent per student.

STUDENT INFORMATION

Last Name: _____ First Name: _____ Middle Name: _____
Date of Birth: _____ Age: _____ Grade Level: _____

PARENT/GUARDIAN #1

Last Name: _____
First Name: _____
Address: _____

Mobile Phone: _____
Home Phone: _____
Work Phone: _____
Email Address: _____

PARENT/GUARDIAN #2 (IF APPLICABLE)

Last Name: _____
First Name: _____
Address: _____

Mobile Phone: _____
Home Phone: _____
Work Phone: _____
Email Address: _____

NOTICE OF INTENT TO HOME SCHOOL

Dear Gates Chili Home School Coordinator:

This letter serves to inform the Gates Chili Central School District that I/we intend to homeschool the student listed above for the 2024-25 school year.

This letter of intent is an official document as required under Section 100.10 of the Regulations of the New York State Commissioner of Education.

Sincerely,

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Please note: This form is to be completed and returned to Gates Chili representative at the start of each school year. Please use one form per student.