

**OFFICE OF THE SUPERINTENDENT OF SCHOOLS
MCCONNELL CENTER
61 LOCUST STREET, SUITE 409
DOVER, NEW HAMPSHIRE 03820-4132
Telephone: 516-6800 Fax: 516-6809
NOTIFICATION OF INTENTION TO PROVIDE HOME EDUCATION
(RSA 193-1, RSA 193-A, RSA 21-N)**

DIRECTIONS: Submit to the Superintendent of Schools at the address above.

NAME OF CHILD: _____

DATE OF BIRTH: _____

HOME ADDRESS: _____

NAME(S) OF PARENT(S): _____

TELEPHONE NUMBER(S): _____

DATE THE PROGRAM COMMENCES: _____

ADDITIONAL INFORMATION OR COMMENTS IF DESIRED:

Parent Signature: _____ Date: _____

Please note: Refer to RSA 193-A for timetable by which notification and evaluation are required.