Home School Notification Guidelines

In accordance with the provision of Chapter 76, Section 1, of the General Laws of Massachusetts, all students between the ages of six (6) and sixteen (16) years of age shall attend a public or approved private school or be otherwise instructed in an approved manner. Students residing in Conway, Deerfield, Sunderland, or Whately must demonstrate that the home education proposal will be equal to the education provided to students attending Frontier Regional & Union #38 schools in thoroughness and efficacy following the guidelines of the Massachusetts Curriculum Frameworks standards.

Fourteen (14) days before the program is established the parent(s)/guardian(s) must submit written notification of establishment of the home-based program to:

Mary Jane Whitcomb, Home Schooling Coordinator
Office of the Superintendent
113 North Main Street - Office C101
South Deerfield, MA 01373

The Home School Proposal must be approved by the Superintendent and students must be registered through the Office of the Superintendent prior to beginning a home education program. Parents will receive a written response within fifteen (15) business days after receipt of completed home school application. If the home education plan is rejected, the Superintendent must detail the reasons for the decision and allow the parent(s)/guardian(s) to revise their proposal to remedy its inadequacies.

Notification must be resubmitted and approved on an annual basis as long as the child(ren) are being educated in a home-based environment. At the end of each year parent(s)/guardian(s) shall provide an evaluation of the student’s progress such as daily log or journal, portfolio, or standardized achievement test results. The method of annual assessment(s) will be agreed upon by the parent(s)/guardian(s) and the Superintendent as a part of the Home School Proposal approval process.

Once the Home Education Proposal is approved by the Superintendent of Frontier Regional & Union #38 School Districts residency must be confirmed and the student(s) registered. To confirm residency, please submit the following five (5) documents:

- Home Educational Proposal Form
- Student’s birth certificate or passport (Original or certified copy)
- Proof of Identity of Parent(s)/Guardian(s) - provide one of the following: State Issued Driver’s License • State Issued Photo ID • Passport • Vehicle Registration • W-2 form • Payroll stub or bank statement dated within 60 days • Excise or property tax bill
- Proof of Address - provide one of the following: Lease • Section 8 Agreement • Purchase & Sales Agreement • Mortgage Statement • Deed Notarized Letter from Landlord • Letter from Homeless/Transition Service Provider • Tax bill
- Proof of Occupancy - provide one document dated within 30 days: Gas bill • Oil bill • Electric bill • Cable bill • Homeless/Transition Service Provider Letter
Home Education Proposal / Application

Instructions: Complete this form, attach any additional information, and submit it to the Office of the Superintendent. Residency must be confirmed and student registered through the Office of the Superintendent, located at 113 North Main Street, Office C101, South Deerfield, MA 01373 prior to starting the Home Education Program in accordance with state law.

Period of time for which approval is sought ______________ through ______________

Name of Parent(s)/Guardian(s): ____________________________________________

Address: __________________________________________________________________

Phone (daytime): ____________________________________________ Phone (evening): __________________________________________________________________

Student(s) Name: ____________________________________________ Grade __________ Date of Birth: ______________

Describe the instructional programs to be taught, including subjects and instructional aides to be used (page 3).

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 (page 3).

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

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).

Failure of a home educator to abide in good faith by the procedures outlined in this document may result in the Superintendent taking action under the Massachusetts General Law Chapter 76, sections 2 and/or 4.

Signature of Parent/Guardian ____________________________________________ Date of Application ____________

Signature of Superintendent ____________________________________________ Date of Approval ____________
**Proposed Home/Education Instructional Program**

*Please attach additional sheets as necessary*

**Subjects to be Covered:** G.L. c. 69, section 1D lists as core subjects mathematics, science and technology, history and social science, English, foreign languages and the arts. Subjects from Chapter 71 Sections 1 and 3 include orthography, reading, writing, the English language and grammar, geography, arithmetic, drawing, music, the history and constitution of the United States, the duties of citizenship, health education, physical education and good behavior.

**Planned Instructional Resources:** Please list any public school classes or activities you would like to access. 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.).

**Planned Annual Assessment(s):** Please list evaluation method(s) you propose. (Annual evaluation shall be done by a method mutually agreed upon by the parent(s)/guardian(s) and the Superintendent / designee, such as: daily log or journal, portfolio, standardized test results.)

**Instructor(s) Qualifications:** Describe the academic background, life experience and/or qualifications of those who will be providing instruction, as they relate to this instructional program. It would be helpful to include the instructor’s name, teaching responsibility, college degrees (if any), past teaching experience or teaching certificates (if any), and any other evidence to describe their teaching competence.
Home School Registration Form

Please submit this form and required documents Office of the Superintendent
113 North Main Street Office C101, South Deerfield MA 01373

☐ 1) Home School Registration Form
☐ 2) Student’s birth certificate or passport (Original or certified copy)
☐ 3) Proof of Identity of Parent(s)/Guardian(s) provide one of the following: State Issued Driver’s License • State Issued Photo ID • Passport • Vehicle Registration • W-2 • Payroll stub or bank statement dated within 60 days • Excise or property tax bill
☐ 4) Proof of Address provide one of the following: Lease • Section 8 Agreement • Purchase & Sales Agreement • Mortgage Statement • Deed • Notarized Letter from Landlord • Letter from Homeless/Transition Provider • Tax bill
☐ 5) Proof of Occupancy - provide one document dated within 30 days: Gas bill • Oil bill • Electric bill • Cable bill • Homeless/Transition Service Provider Letter

Student Information:

Has the child ever registered in the Frontier Regional & Union #38 School District? □ Yes □ No

Student Name (Last, First, Middle) ________________________________________________

Gender: □ Male □ Female □ Non Binary

Birth Date (MM/DD/YYYY): __________/________/__________

Birth City (and State, if born in U.S.): ____________________________________________ Birth Country: __________

Home Address, Apt. #: __________________________________________________________________

City, State, Zip: ____________________________________________________________________ Phone: _____________________

Student Demographics:

Student Race (Optional): □ White/Caucasian □ Black/African-American □ Asian

□ Hawaiian/Pacific Islander □ Other ____________________________________________

Student Ethnicity (Optional): □ Hispanic/Latino □ Not Hispanic/Latino

History of Education:

(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

Does your child currently receive Special Education Services? □ Yes □ No

If Yes, please provide a copy of the IEP or list the district in which the IEP was issued: ____________________________

I authorized Frontier Regional & Union #38 schools access to Special Education and assessment records: □ Yes □ No

Parent(s)/Guardian(s) Signature: ___________________________________________ Date: ________________
Primary Household Information

Parent/Guardian: Relationship to Student: ____________________________

Name: ___________________________________________________________

Physical Address, Apt. #: ____________________________________________

City/State/Zip: ___________________________ Home Phone: _______________

Cell Phone: __________________________________ Work Phone: _______________

Email Address(es): ________________________________________________

Parent’s Language: ___________________________ Parent’s Occupation: _______________

Mailing Address: _________________________________________________

Secondary Household: Parent/Guardian: Relationship to Student: ________________

Name: ___________________________________________________________

Address, Apt. #: _________________________________________________

City/State/Zip: ___________________________ Home Phone: _______________

Cell Phone: __________________________________ Work Phone: _______________

Email Address(es): ________________________________________________

Parent’s Language: ___________________________ Parent’s Occupation: _______________

Please list siblings (brothers or sisters)

Sibling Name: __________________________________ Birth Date (MM/DD/YYYY): __________

School: __________________________________ Sibling Grade: __________

Sibling Name: __________________________________ Birth Date (MM/DD/YYYY): __________

School: __________________________________ Sibling Grade: __________

Sibling Name: __________________________________ Birth Date (MM/DD/YYYY): __________

School: __________________________________ Sibling Grade: __________

I understand that pursuant to Massachusetts law and Frontier Regional & Union #38 School Districts policy (File: IHBG), students who actually reside in Conway, Deerfield, Sunderland, or Whately may attend Frontier Regional & Union #38 School Districts and/or use its resources as Home Education Student. I acknowledge that I am required to notify the school district, in writing, of any changes of the student’s address within five (5) calendar days of a change of address. I understand that a student who is home schooled is ineligible to receive a diploma from Frontier Regional School. 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.

Parent/Guardian Name (Print): ____________________________

Parent/Guardian Signature: ____________________________ Date: ________________