

Winthrop Public Schools Application for Home Schooling 2023 - 2024

Student's Name:			
Grade as of September:			
Age:	Sex: M	F	
Name of School Student Wo	uld be Attending:		
Parent (s)/Guardian (s) Name	e:		
Address:			
Telephone: Home:			
Telephone: Cell:		Other:	
Email:			
Person Providing Instruction	:		
Qualifications:			
Subject Areas to be Covered	:		
Curriculum to Be Utilized: (1			
needed, please provided the			
Number of Days and Hours	 of Instruction:		
Method of Evaluation of Pro			
Method of Evaluation of Fig	g1ess		
Parent/Guardian Signature			Date
Approval of School Departm	nent		Date