

Policy/Program Memorandum No. 131

Notification of Intent to Provide Home Schooling

TO: The Niagara Catholic District School Board 427 Rice Road, Welland, Ontario, L3C 7C1 Superintendent of Education

I/We herewith provide the names, gender and date of birth for each child of compulsory school age for whom I/we intend to provide home schooling.

Name of Student	Date of Birth month/date/year	Gender	Grade	School Attended
Name of Parent/Guardian:				
Home Address (Including Postal Code):			
Mailing Address (if different from hon	ne address:			
Telephone Number:				
Email Address:				
I/We wish to notify the Niagara Cathol schooling for our child(ren) starting on our responsibility under the Education	(insert date)			. I/We understand
child(ren) and do hereby declare my/ou	ir intent to do so.			
Signature of Parent/Guardian:				
Date:				