



HOME SCHOOLING APPLICATION FORM

Student's Name: First Name Last Name Middle Name

Student's Sex: M F Student's Date of Birth: (dd/mm/yyyy)

Particulars of last School attended (if applicable): Last Grade Level: Period of Attendance: Name of School: School Address:

Particulars of Parent (Mother): Name: Email: Tel: (h) (c) (w) Home Address:

Particulars of Parent (Father): Name: Email: Tel: (h) (c) (w) Home Address:

Particulars of Legal Guardian (if applicable): Name: Email: Tel: (h) (c) (w) Home Address:

Particulars of designated Home Schooling Teacher: Name: Relationship to Student Academic Certification: () Undergraduate (Associate or Bachelor's degree) () Graduate (Master's degree or higher) Email: Tel: (h) (c) (w) Home Address:

REASON(S) FOR HOME SCHOOLING:

EVALUATION: The student will be assessed by officials from the Ministry of Education at the end of the school term or academic year (whichever applies). The parent/legal guardian will be contacted by the District Education Center to inform him/her of the date/place/time of the assessment. Signature of Parent/Legal Guardian Date