

# HOME SCHOOL NOTIFICATION FORM

To: Tri-City Christian Academy

150 West High Street, Somersworth, NH 03878-1527

I intend to home school my child(ren): \$50.00/child *(first three only)*

Name	Date of Birth

Start Date: \_\_\_\_\_

Parent's name(s): \_\_\_\_\_

\_\_\_\_\_

Daytime phone number: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Email address (optional): \_\_\_\_\_

We do not authorize the release of any information contained in this notice except as specifically provided by law. All information provided herein is considered privileged and confidential. Any further disclosure of this information requires written parental consent prior to such disclosure.

\_\_\_\_\_  
*Parent signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Parent signature*

\_\_\_\_\_  
*Date*