



Home Study Enrollment Notice (Form A) New enrollments can be submitted at any time during the calendar year*. Re-enrollments are submitted any time after March 1st and if submitted by August 1st it will be considered a full school year so that you can maintain your *minimum course of study exemption**. All home study programs expire on July 1st. By filling out the following and submitting it to the Secretary of Education you are notifying the State that your child will be homeschooled. **You are not seeking their permission nor are you asking for their approval of your program.** You also understand that State's sole means of precluding your enrollment is by means of a noticed hearing thus providing you with due process concerning your parental right to homeschool your child.

In filling out the information below, **do not** leave anything blank – if it does not apply write n/a. All statutory references are from 16 V.S.A. § 166b the home study statute.

Date of Submission: _____	Check one: <input type="checkbox"/> new enrollment <input type="checkbox"/> re-enrollment
School year: _____ (ex. 1999/2000)	If this is a re-enrollment, IPED (Form B) is not needed.

166b SECTION 1 - This is the directory information about the child § 166b (a)(1)

Child's name: _____ Child's age: _____

Month/Year of birth: (mm/yyyy format ONLY) ____ / ____

§ 166b (c) Within ten days of receiving any enrollment report, the Secretary shall notify the appropriate superintendent of schools.

What public school would your child have attended? _____

166b SECTION 2: This is the directory information about the parent(s)/guardian(s) of the child § 166b (a)(2)

Title 16 V.S.A. § 166b(a)(7) requires the signatures of all custodial parents or guardians who are legally authorized to make educational decisions for the student. **If there is only one parent or the child's surname is different fill out both this Section and Section 7.**

Parent/Guardian 1 _____	Town of legal residence: _____
Mailing Address: _____	Town: _____ State: _____ Zip: _____
Best phone number(s) to reach you by: Phone#1: _____	Phone#2 _____
<i>Optional: The statute does not require that you submit your email address but if you would prefer to be contacted by email or be added to the list serve for events in the state then provide your email address. Preferred Method of Contact:</i> <input type="checkbox"/> phone <input type="checkbox"/> mail <input type="checkbox"/> email	
Email: _____	Add me to the Listsrve: <input type="checkbox"/> yes <input type="checkbox"/> no
Parent/Guardian 1 signature (required) 166b Section 7 _____	

Parent/Guardian 2 _____	Town of legal residence: _____
Mailing Address: _____	Town: _____ State: _____ Zip: _____
Best phone number(s) to reach you by: Phone#1: _____	Phone#2 _____
<i>Optional: The statute does not require that you submit your email address but if would prefer to be contacted by email or be added to the list serve for events in the state then provide your email address. Preferred Method of Contact:</i> <input type="checkbox"/> phone <input type="checkbox"/> mail <input type="checkbox"/> email	
Email: _____	Add me to the Listsrve: <input type="checkbox"/> yes <input type="checkbox"/> no
Parent/Guardian 1 signature (required) 166b Section 7 _____	

***See check list for further information about what this means.**