



**VIDE**  
**NOTICE OF INTENT**

*Instruction of a Student At Home*

(Complete a form for each child)

Name of Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

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

Current Grade Level: \_\_\_\_\_ School Last Attended: \_\_\_\_\_

Public School student would have attended: \_\_\_\_\_

(Name of School)

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

Name of Teacher: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address of Teacher: \_\_\_\_\_

Subjects to be taught: ***(Subjects for the appropriate grade level must be taken from Promotion and Retention Policies)***

_____	_____
_____	_____
_____	_____
_____	_____

Total number of days scheduled for instruction: \_\_\_\_\_

Total number of hours of instruction per day: \_\_\_\_\_

Teacher's method(s) of assessment of student progress: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The Semi-Annual Portfolio Reviews can be scheduled on or about \_\_\_\_\_

NOTICE OF INTENT (CONT'D)

I DO HEREIN ACKNOWLEDGE AND ACCEPT FULL RESPONSIBILITY FOR THE EDUCATION OF MY CHILD IN ACCORDANCE WITH THE REQUIREMENTS OF THE VIRGIN ISLANDS LAW.

\_\_\_\_\_  
FATHER'S NAME

\_\_\_\_\_  
DATE

\_\_\_\_\_  
MOTHER'S NAME

\_\_\_\_\_  
DATE

I HEREBY ACKNOWLEDGE ONLY THE RECEIPT OF THIS FORM AND RENDER NO OPINION AS TO THE APPROVAL OF THE PLANNED PROGRAM.

\_\_\_\_\_  
COMMISSIONER OF EDUCATION

\_\_\_\_\_  
DATE