

## Home Study Re-enrollment – Annual Notice

### Home Study Re-enrollment

To re-enroll a student in a Home Study program, submit this form annually.

### Annual Notice - Requirements

- Section 1: Student Information
  - Please complete the entire section.
  - For the public school your student would have attended, please list only the public school your student *would* go to, based on their age, and where they live.
  - If your district does not operate a school, but instead offers tuition payment, list your Supervisory Union.
- Section 2: Parent/Guardian
  - Please complete the entire section as all the information is required.
  - If Parent/Guardian 2 is deceased or has had their legal educational rights removed by a court order, check the corresponding box and do not fill out the remainder of that section. Note that educational rights are different than custodial rights.
- Section 3: Signatures
  - *All parents/guardians* with legal educational rights *are required* to sign.
  - If there is only one person with those rights, check the box that fits your situation in the parent/guardian 2 section and attest so with your signature.
  - If your student is 18 years of age or older, the student's signature is required, unless there is a court appointed guardian.
  - By signing this form, you are attesting that you have followed and will continue to follow all the requirements of state statute (16 V.S.A. § 166b) and keep a copy of your End of Year Assessment (EOYA).

### Helpful Tips:

- A separate Annual Notice (Home Study Re-enrollment) should be turned in for each different student. This means each student should have their own forms submitted.
- This is the *only* form you need to re-enroll in Home Study.

For questions, please contact the Home Study Office at our above contact info, or our email:

(Email) [AOE.Homestudy@vermont.gov](mailto:AOE.Homestudy@vermont.gov)

# Home Study Re-enrollment – Annual Notice

## Section 1: Student Information

|   |                              |
|---|------------------------------|
| Student Name:   | School Year: (e.g., '24-'25) |
| Date of Birth (mm/dd/yyyy)  | Age:                         |
| Public school student would have attended (if school choice, list Supervisory Union): |                              |
| Student's Town of Legal Residence:  |                              |

## Section 2: Parent/Guardian 1

|   |                |                   |
|---|----------------|-------------------|
| Parent/Guardian 1 Name:   |                |                   |
| Mailing Address:  |                |                   |
| Town:   | State:         | Zip:              |
| Town of Legal Residence:<br>(If different than mailing)               |                |                   |
| Primary Phone:  |                | *Secondary Phone: |
| *Yes! Add me to the Email<br>Membership List <input type="checkbox"/> | Email address: |                   |

Items marked by an asterisk (\*) are optional.

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|               |                              |
|---------------|------------------------------|
| Student Name: | School Year: (e.g., '24-'25) |
|---------------|------------------------------|

## Section 2: Parent/Guardian 2

|   |  |  |                                       |
|---|--|--|---------------------------------------|
| Parent/Guardian 2 Status:   | Has legal educational rights. <input type="checkbox"/> | Does not have legal educational rights. <input type="checkbox"/>           | Is deceased. <input type="checkbox"/> |
| Parent/Guardian 2 Name:   |  |  |                                       |
| Mailing Address:  |  | Check Box if Address is same as Parent/Guardian 1 <input type="checkbox"/> |                                       |
| Town:   | State:   | Zip:   |                                       |
| Town of Legal Residence:<br>(If different than mailing)             |  |  |                                       |
| Primary Phone:  |  | *Secondary Phone:  |                                       |
| *Yes! Add me to the Email Membership List* <input type="checkbox"/> | Email address:   |  |                                       |

## Section 3: Signatures and Attestations

By signing this form, I attest to the following:

1. The equivalent of 175 days of instruction in the Minimum Course of Study (MCOS) (16 V.S.A. § 906) was provided to this student last year. It will be provided next year.
2. An annual assessment of student progress was completed, and records maintained. Progress will be assessed, and evidence maintained next year.
3. If my student has a documented disability, then adaptations to support them in Home Study were provided last year and will be provided this year.
4. There are no other persons with legal custody of this student and the right to make educational decisions for this student.

|   |                    |
|---|--------------------|
| <b>Parent/Guardian 1 Signature</b>              | <b>Date signed</b> |
| <b>Parent/Guardian 2 Signature</b>              | <b>Date signed</b> |
| <b>Student Signature (if 18 years or older)</b> | <b>Date Signed</b> |