

**SCHOOL ADMINISTRATIVE UNIT #44**

SAU # 44  
PRE-SCHOOL  
PROGRAM

23A MOUNTAIN AVENUE  
NORTHWOOD, N.H. 03261  
(603) 942-1290  
FAX: (603) 942-1295

NORTHWOOD  
NOTTINGHAM  
STRAFFORD

**NOTIFICATION OF HOME EDUCATION PROGRAM**

**ON OR BEFORE THE DATE A HOME EDUCATION PROGRAM WILL BEGIN, A PARENT DESIRING TO INITIATE A HOME EDUCATION PROGRAM SHALL SO ADVISE THE PARTICIPATING AGENCY WITH WHICH THE PROGRAM SHALL BE ESTABLISHED BY PROVIDING THE INFORMATION LISTED BELOW:**

PLEASE MAIL COMPLETED FORM TO ONE OF THE FOLLOWING PARTICIPATING AGENCIES:

- \_\_\_ Resident District Superintendent
- \_\_\_ Non-public School Principal Name of Non-Public School: \_\_\_\_\_
- \_\_\_ Commissioner of Education

PARENT(S): \_\_\_\_\_  
(Last Name) (First Name)

\_\_\_\_\_  
(Street)

\_\_\_\_\_  
(Town/City) (State) (Zip Code)

PHONE NUMBER: \_\_\_\_\_

CHILD(REN): \_\_\_\_\_  
(Last Name) (First Name) (Date of Birth) (Grade)

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

PROGRAM START DATE: \_\_\_\_\_

\_\_\_\_\_  
(Parent's Signature) (Date)

**A parent wishing to voluntarily terminate an established home education program shall notify in writing within 15 calendar days of termination the appropriate agencies.**