Notification of Intent to Provide Home Schooling

To the Director of Education
Algonquin and Lakeshore Catholic District School Board:

I/We herewith provide the names, gender and date of birth for each *child* of compulsory school age for whom I/we intend to provide home schooling.

FIRST AND LAST NAMES		GENDER	DATE OF BIRTH
Name of Parent/Guardian:			
Home Address:			
		Postal Code:	
Home Telephone:	(613)		
I/We wish to notify the Algonquin	and Lakeshore Catholic District Scho	ool Board that I/we	will provide home schooling
for our child(ren) starting in		I/we underst	and my/our responsibility
under the Education Act to provice	le satisfactory instruction for my/our s	chool age child(rer	n) and do hereby declare
my/our intent to do so.			
Signature of Parent/Guardian		Da	ate