		Parent Name:	
		Address:	
		Phone #:	
		Email:	
Date:	-		
Lou Goscinski, Interim Superin	itendent		
SAU56 & SAU 104			
51 West High Street			
Somersworth, NH 03878			
Dear Superintendent,			
	ne education program	apter 193-A:5 and Administrative Rules Ed for	• ••
Child's Name:			
Child's Address:			
Child's Date of Birth:			
Current Grade:			
Our program will begin on:			
reached at the above address notice except as specifically pr	and phone number. We covided by law. By this i	dgement. Should you have any questions e do not authorize the release of any info notice we are not waiving our rights unde ation provided herein is privileged and co	rmation contained in this or the United States and/o
Any disclosure requires written	n parental consent prio	or to such disclosure. Sincerely,	
Signed:	Date:	Printed:	
Receipt of Homeschool Notific	ation Acknowledged b	y Participating Agency:	
Signed:	Date:	Printed:	
oigneu:	Date:	Printea:	

Please note that curriculum information is no longer a required home education program notification component pursuant to HB406 (effective May 12, 2006) and Ed 315.04