Athens Area School District

Home Schooling Registration Form 2022-2023 School Year

Date:			
NAME OF CHILD	DATE OF	ACE	CD A DE
NAME OF CHILD		AGE	GRADE
	BIRTH	(as of 9/1/2022)	
Are any of these children eligible for specia	l education service	s?	
If yes, which one(s)?			
Name of Parent:			
Address:			
Home Phone: Emai	1 Address:		
		7.	
Parent/Guardian Signature (required)	D	ate	
Please Note: Before your child/children ca	an he withdrawn fr	om school all	
home schooling paperwork			r school
personnel.		and approved by	2011001

Due Date: August 1st of current school year.

Please return Home School Request Information to:

Ms. Lisa Horton
AASD Homeschool Coordinator/Administrative Office
100 Canal Street
Athens, PA 18810