## **Athens Area School District**

## Home Schooling Registration Form 2021-2022 School Year

	Date:			
NAME OF CH	IILD	DATE OF	AGE	GRADE
		BIRTH	(as of 9/1/2021)	
Are any of the	se children eligible for spe	cial education service	s?	
	one(s)?			
Name of Parer	nt:			
Address:				
Home Phone: Email Address:				
	~ ( 1 1)			
Parent/Guardian Signature (required)		L	ate	
Please Note:	Before your child/children		· ·	
	home schooling paperwo	rk must be completed	and approved by	y school
	personnel.			
Due Date: A	ugust 1st of current schoo	ol year.		
Please return I	Home School Request Info	ormation to:		

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