NOTICE OF INTENT TO DISCONTINUE HOME INSTRUCTION

I hereby certify that I am the parent or guardian of the child(ren) listed below and intend to discontinue home instruction.

Current

Grade Level

Date of Birth

Effective Date

 Email	Cell Phone	 Cell Phone		Work Phone	
Street Address	City		State	Zip Code	
Parent/Guardian Name	Parent/Guar	Parent/Guardian Signature		Date	
Name of School Student will I (If the student is transferring to a		County Public Sch	iool)		

The appropriate Prince William County School(s) will be notified upon receipt of this Notice of Intent to Discontinue Home Instruction. Parents are requested to contact the individual school(s) to obtain registration information. Please send completed forms via U.S. mail to: PWCS Office of Student Services, Home Instruction, P.O. Box 389 Manassas, VA 20108, or email:

PWCSHomeInstruction@pwcs.edu.

Child's Name