

State Office of Curriculum and Instruction

#2133 Hospital Street
Christiansted
St. Croix, VI 00820
Phone: 340-773-1095
Fax: 340-773-4476



1834 Kongens Gade
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Phone: 340-774-0100
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NOTICE OF INTENT FOR HOME INSTRUCTION (One form per student)

Name of Student: _____ Date of Birth _____

Home Address: _____ Age: _____

Mailing Address: _____ Gender: _____

Current Grade Level _____ School Last Attended _____

Name of Parent(s)/Guardian(s): _____

Relationship to Student: _____ Telephone 1: _____ Telephone 2: _____

Parent's Email Address: _____

Name of Teacher (If other than Parent): _____ Telephone: _____

Note: A copy of the teacher's education credentials (at least a high school diploma) may be requested.

Address of Instruction (If other than Home Address): _____

Subjects to be taught: (See Promotion and Retention Policies for grade level appropriate courses)

_____	_____
_____	_____
_____	_____
_____	_____

Curriculum/Program of Instruction to be used: _____

Total days scheduled for instruction: _____ Total hours of instruction per day: _____

Teacher's methods of assessment of student's progress: _____

The Annual Portfolio Review can be scheduled on or about: _____

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NOTICE OF INTENT FOR HOME INSTRUCTION (CONT'D.)

I would like my child to participate in the Department of Education's annual assessment of learning. The results from this test will help me to assess my child's learning progression as compared to his/her peers across the nation and provide the data needed for strategic and targeted lesson planning.

Please check one: ☐ Yes ☐ No

I acknowledge that the Notice of Intent for Home Instruction must be filed for each year the child receives instruction at home. I assume full responsibility for the education of my child in accordance with the requirements of Virgin Islands law while he/she is being instructed at home.

Note: This application serves solely to give VIDE notice of your intent to instruct your child at home. VIDE signatures to this form should not be construed as approval of your home instruction program.

PARENT'S NAME (PLEASE PRINT)

PARENT'S SIGNATURE

DATE

COMMISSIONER OF EDUCATION

DATE