

# **Independent Home School Packet** Not for Church-related Umbrella or Accredited Online Schools

### Applications will not be processed without the required documentation:

- 1. Completed TN Notice of Intent to Home School
- 2. Copy of GED, High School Diploma, or College Degree

As of July 2023, immunization records are no longer required.

Requirement Grades K-6 (must be age 5 on or before August 15)

Parent's Education High School Diploma or GED

With Murfreesboro City Schools prior to each school year Registration

Attendance 4 hours per day, 180 days per year

At the end of each school year, send Attendance Record Student **Record Keeping** 

Support Services Administrative Assistant & Reporting

**Testing** Tennessee requires the state board approved, secure standardized

> assessments of public school students in grade 5. Any family with a student in grade 5 will be contacted during the spring

regarding our state standardized assessment.

**State Testing Location** At a designated MCS location, which the student would &

otherwise attend at no charge OR by a professional testing

service at parent's expense Cost

1 year or more below grade level of 2 years in a row, Director of **Test Sanctions** 

Schools may require parents to enroll child in public or private

school (unless child is learning disabled)

**Enter of Re-Enter Public or** Must be tested for grade placement to determine proficiency

base on Tennessee state standards. **Approve Private School** 

**High School Diploma or** Schools do not provide diplomas or certificates for home school

**Certificate of Attendance** students.

**For More Information Contact:** 

**Student Support Services** 

Ken Rocha Elizabeth Emslie

**Assistant Superintendent** Administrative Assistant

Ken.Rocha@cityschools.net Elizabeth.Emslie@cityschools.net

(615) 893-2313 (615) 893-2313 ext. 10041 Student Name \_\_\_\_\_\_Grade \_\_\_\_\_

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State law requires that a parent teacher conducting a home school must comply with the following requirements:

(1) Maintenance of attendance records, subject to inspection by local director of schools, and submission of those records to the director of schools at the end of the school year. Instruction for at least four (4) hours per day for 180 instruction days.

### Tennessee Notice of Intent to Home School

то ве	COMPLETED BY MCS Staff	Date received:	
School system name:	Murfreesboro City Schools	System number: 751	
Received by name:   Ken Rocha, Assistant Superintendent of Student Support Services			
	Or		
	☐ Elizabeth Emslie, Administrative Assistant		
Signature of Approval:			

This form should be completed only by parent(s) conducting a home school under the supervision of the superintendent of a local education agency (LEA).

"Home schools" are schools conducted by parents or legal guardians for their own children, which are distinct from degree-granting online or distance education schools. This form may be utilized as notice of your intent to conduct a home school, meaning that you will serve as the primary teacher for the student(s) as permitted by T.C.A. §49-6- 3050. Please complete both pages of the form and return both pages to your local public school system office before the start of each school year.

#### **PLEASE PRINT**

#### Part 1. Student Information

A. **Grades K-6:** For each student in grades K-6, please list the following information:

1.	Last name	First name	Grade	Subjects to be taught
	Age	Birthdate	Social security number (optional)	
2.	Last name	First name	Grade	Subjects to be taught
	Age	Birthdate	Social security number (optional)	
3.	Last name	First name	Grade	Subjects to be taught
	Age	Birthdate	Social security number (optional)	
4.	Last name	First name	Grade	Subjects to be taught
	Age	Birthdate	Social security number (optional)	

Students who are in grades 7-12 need to be submitted to the Rutherford County School District.

# **Tennessee Notice of Intent to Home School**

## Part 2. Parent/Guardian Information

Please provide information **only** for the parent(s) or guardian(s) who will teach.

		Last Name	First Name
A. Name of parent(s) or gua	rdian(s) (Mothe	er)	
	(Fathe	r)	
	or		
	(Guard	lian)	
B. Contact Information			
Home (Mailing Address)			
_			
Ci	ty		Zip Code
Phone Number (_	)		
Email Address			
<b>C.</b> Parent/Guardian Education	onal Background <b>(co</b>	mplete only for parent(s)/g	uardian(s) who will teach)
	lease attach docume	entation of qualifying education	
person, please bring	documentation of yo	our qualifying education for s	chool staff to verify.
Parent/Guardian Signature			 Date