Director of Education
Lambton Kent District School Board
200 Wellington Street
Sarnia, ON N7T 7L2

Dear Sir or Madam:

l/We herewith provide the names, gender, and date of birth for *each child* of compulsory school age for whom *I/we* intend to provide home schooling.

First and Last Names (Please Print)	**Grade**	**Gender**	**Date of Birth**
	Grade	Female	____ YYYY __ mm __ dd
	Grade	Female	____ YYYY __ mm __ dd
	Grade	Female	____ YYYY __ mm __ dd
	Grade	Female	____ YYYY __ mm __ dd

School where child(ren) would normally attend if not Home Schooled: _____

Name of parent/guardian: _____

Home address: _____

_____

Mailing address (if different from home address): _____

_____

Telephone: (519)_____

l/We wish to notify the Lambton Kent District School Board that *I/we* will be providing home schooling for our child(ren) starting _____. I/We understand our responsibility under the Education Act to provide satisfactory instruction for our school-age child(ren) and do hereby declare our intent to do so.

Signature of parent/guardian: _____

Parent(s) full name(s) _____(please print)
(first) *(last)*

Date: _____