

TIMBERLANE SCHOOL DISTRICT'S  
PERMANENT HOME SCHOOL RECORD

PLEASE PRINT:

LAST NAME OF STUDENT: \_\_\_\_\_

FIRST NAME AND MIDDLE INITIAL: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

PARENTS/GUARDIANS: \_\_\_\_\_

STREET/MAILING ADDRESS: \_\_\_\_\_

TOWN, STATE AND ZIP CODE: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

DATES & GRADES HOME SCHOOLED: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

WOULD YOU LIKE YOUR CHILD(REN) TO PARTICIPATE IN ASSESSMENTS AT THE TIMBERLANE DISTRICT? YES \_\_\_\_\_ NO \_\_\_\_\_ PLEASE CHECK ONE.

WOULD YOU LIKE YOUR CHILD(REN) TO PARTICIPATE IN COURSES AT THE TIMBERLANE DISTRICT? YES \_\_\_\_\_ NO \_\_\_\_\_ PLEASE CHECK ONE.

REASON FOR CLOSING FILE (*for office use only*): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_