

HOUSTON INDEPENDENT SCHOOL DISTRICT HOME SCHOOL QUESTIONNAIRE

PARENT/GUARDIAN: Please list the name and date of birth for every child taught in your home in Section I and complete Sections II –IV. *This form must be completed by the student's <u>parent/guardian</u> only.*

SECTION I: STUDENT DATA

| Last Name, First Name, Middle Initial | Grade | PowerSchool ID number (if applicable) | Date of Birth |
|---------------------------------------|-------|--|---------------|
| | | | |
| | | | |
| | | | |
| | | | |

SECTION II: HOME SCHOOL INFORMATION

| | | pegin? Date: | | |
|-----|--|--|--------------------------|--|
| | | Month/Da | y/Year | |
| 2. | Is the student enrolled in a tuitio | n-based diploma program? | | |
| | 🗌 No | | | |
| | Yes - What is the name of | of the program? | | |
| SEC | CTION III: ASSURANCES | | | |
| 1. | Is there a curriculum consisting of books, workbooks or other written materials? | | | |
| 2. | . Is the student pursuing the curriculum in a bona fide manner under the direction of a parent or parents or one standing in parental authority? | | | |
| 3. | Does the curriculum meet the bag | asic educational goals of reading, spell ourse in good citizenship? | ing, 🗌 Yes 🔲 N | |
| SEC | CTION IV: PARENT/GUARDIA | N INFORMATION | | |
| | | | | |
| | | | | |
| | Parent/Guardian (Printed Name) | Parent/Guardian (Signature) | Date of Signature | |
| | Parent/Guardian (Printed Name) Address | Parent/Guardian (Signature) City/State | Date of Signature Zip | |
| | | | | |
| | Address Home Phone Number | City/State Cell Phone Number | Zip Email Address | |
| | Address Home Phone Number | City/State | Zip Email Address | |