

CHICAGO PUBLIC SCHOOLS
STATEMENT OF ASSURANCE
PARENT-TAUGHT HOME INSTRUCTION

Print all information below, except for signature. Complete a separate form for each child.

I, _____ (parent/legal guardian) state as follows:

That I reside at _____ in the County of Cook, State of Illinois, within the boundaries of District 299-Chicago Public Schools:

That I have custody and control of _____ who resides with me at this address;

That the birth date of this child is _____;

That I am aware of the provisions of the state law which require that children between the ages of seven and seventeen years of age must attend school. I have elected to provide my child instructional services in my home during the 20_____/20____ school term, and I shall offer instructional services of approximately _____ hours per week between the months of _____ and _____;

That I understand the instructional services must be conducted in the English language and cover the areas of language arts, the biological, physical and social sciences, mathematics, the fine arts and physical development and health;

That the instructional services will be provided by the following instructor (s): (Continue list on attached sheet, if necessary.)

That the course materials (title or general references to curricula) which will be used are (Continue list on attached sheet, if necessary.)

Further, that I understand that Section 5/27-8.a of The Illinois School Code states that all children in Illinois shall; have health examinations within one year prior to entering nursery school, kindergarten or first, fifth and ninth grades of any public, private or parochial school, and that each child obtain proof of having received such immunizations against preventable communicable disease as the Department of Public Health requires and that I understand that if I decided, at a later date, to enroll my child in the Chicago Public Schools; my child's placement will be within the authority of the official of the school.

Signature of Parent/Guardian

Date