|  |
| --- |
| **CHILD’S INFORMATION** |
| **Name:**  | **Age/Date of Birth:** **Grade Level:**  |
| **Address:** **Apt:** **City:** **State:** **Zip:**  |
| PARENT’S INFORMATION |
| **Name:** **E-mail Address:** **Fax #**:  | **Home Telephone:** **Cell Phone:** **Emergency Contact:**  |

HOMESCHOOLING

**INDIVIDUALIZED HOME INSTRUCTION PLAN (IHIP)**

GRADES \_\_\_\_\_\_\_ UNITS OF CUMULATIVE REQUIREMENTS

**SCHOOL YEAR 20\_\_\_-20\_\_\_**

|  |  |
| --- | --- |
| **SUBJECTS** |  Syllabi, Curriculum Materials, Textbooks or Plan of Instruction |
| **Math** |  |
| **English Language Arts**  |  |
| **Reading** |   |
| **Writing** |  |
| **Spelling** |   |
| **U.S. History** |  |
| **Geography** |  |
| **Science** |  |
| **Health** |  |
| **Physical Education** |  |
| **Visual Arts**  |  |
| **Music** |  |
| **Other:** Patriotism, Citizenship, Health Ed on Alcohol, Drug & Tobacco Misuse, Highway Safety, Traffic Regulation & Bicycle Safety, Fire & Arson, Prevention & Safety | . |
| **Bilingual Education** (if necessary) | N/A |

**DATES OF QUARTERLY REPORTS: INSTRUCTORS:**

1ST November

2ND January

3RD April

4TH June

**SIGNATURES OF PARENTS:**

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