



June Home Schooling Progress Report

PARENT INFORMATION	STUDENT INFORMATION
<p style="text-align: center;"><i>Name of Parent(s)/Guardian(s)</i></p> <hr/> <p style="text-align: center;"><i>Name of Main Instructor (if different from above)</i></p> <p>Mailing Address:</p> <hr/> <p style="text-align: center;"><i>Street Address / Box No.</i></p> <hr/> <p style="text-align: center;"><i>City/Town</i> <i>Postal Code</i></p> <p>Phone Numbers:</p> <p>Home: _____</p> <p>Work: _____</p> <p>E-mail: _____</p>	<p style="text-align: center;"><i>Surname</i> <i>Legal Given Names</i></p> <hr/> <p>Birth Date: _____ _____ _____</p> <p style="text-align: center;"><i>Day</i> <i>Month</i> <i>Year</i></p> <p>Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p>Grade Level Equivalent: _____</p> <hr/> <p>Date Home Schooling started for current school year.</p> <p style="text-align: center;">_____ _____ _____</p> <p style="text-align: center;"><i>Day</i> <i>Month</i> <i>Year</i></p>

Please indicate satisfactory progress by placing a check mark (✓) in the space provided.

If additional space is needed, please add attachment(s).

SUBJECT	COMMENTS
<input type="checkbox"/> Mathematics:	
<input type="checkbox"/> English Language Arts: (listening, speaking, reading, writing, viewing)	
<input type="checkbox"/> Social Studies:	

<input type="checkbox"/> Science:	
<input type="checkbox"/> Electives: (minimum 2)	

Parent / Guardian Signature(s)

Date

PLEASE RETURN TO:	Home Schooling Western School District P. O. Box 368, 10 Wellington Street, Corner Brook, NL A2H 2G9 FAX: (709) 634-1139 Email: eugene.may@wnlsd.ca
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