

**APPLICATION FOR HOME EDUCATION PROGRAM**

Parents who wish to receive approval for a home education program are required to complete an application each school year.

Parent applicants for a home education program are required to complete Section 1 of this application. Section 2 is to be completed by the teacher monitor. Section 3 must be completed for first time applicants by the Principal of the school which the student last attended. The parent applicant is responsible for making arrangements to have sections 2 and 3 completed.

**Section 1**

NAME OF PARENT \_\_\_\_\_  
ADDRESS \_\_\_\_\_

TELEPHONE \_\_\_\_\_

NAME OF STUDENT \_\_\_\_\_  
DATE OF BIRTH \_\_\_\_\_  
GRADE LEVEL BEING HOME SCHOOLED \_\_\_\_\_

NAME OF TEACHER MONITOR \_\_\_\_\_

**DESCRIPTION OF PROPOSED PROGRAM (PLEASE LIST CONTENT AND LEARNING MATERIALS).**

LANGUAGE ARTS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

MATHEMATICS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**APPLICATION FOR HOME EDUCATION PROGRAM (Page 2)**

SCIENCE \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SOCIAL STUDIES \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FRENCH \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

OTHER SUBJECTS / ACTIVITIES \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify that I have familiarized myself with the provisions of sections 51, 52, 139, and 140 of the *School Act* and the regulations concerning Home Education Programs, and Minister's Directive (No. MD 01-07), Granting of Credit for Educational Activities Not Provided by a School Board, and I understand that the Minister of Education may review and rescind any approval for a home education program.

\_\_\_\_\_  
Date Signature of Parent

PLEASE FORWARD TO: Home Education Programs  
Department of Education  
Student Services Division  
Po Box 2000, Charlottetown, PE C1A 7N8

<b>FOR OFFICE USE</b>	
Approved / Rejected _____	_____
Date	Signature
Copy to:	Eastern School District <input type="checkbox"/>
	Western School Board <input type="checkbox"/>

**APPLICATION FOR HOME EDUCATION PROGRAM (Page 3)**

**TO BE COMPLETED BY PARENT**

NAME OF PARENT \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
TELEPHONE \_\_\_\_\_  
NAME OF STUDENT \_\_\_\_\_  
GRADE OF STUDENT \_\_\_\_\_

**SECTION 2**

**TO BE COMPLETED BY THE TEACHER MONITOR**

1. I certify that I have reviewed the proposed home education program for the above named student.
2. I certify that I have familiarized myself with the provisions of sections 51, 52, 139, and 140 of the *School Act* and the regulations concerning Home Education Programs, and Minister's Directive (No. MD 01-07), Granting of Credit for Educational Activities Not Provided by a School Board.
3. I certify that I hold a license to teach in Prince Edward Island.
4. I understand that, as teacher monitor, I will be required to sign a progress report for the above named student for submission to the Department of Education at the end of January and at the end of June. I agree to take the steps necessary to be knowledgeable about the progress of the above named student, and that this may be done by examining exercise books and portfolios, as well as requiring the student to answer oral or written questions about the program of studies.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF TEACHER MONITOR

NAME OF TEACHER MONITOR \_\_\_\_\_  
ADDRESS \_\_\_\_\_

PLEASE FORWARD TO: Home Education Programs, Student Services Division  
Department of Education  
PO Box 2000 Charlottetown, C1A 7N8

