

NEW HAMPSHIRE PUBLIC SCHOOLS  
SCHOOL ADMINISTRATIVE UNIT #1

CONTOOCCOOK VALLEY SCHOOL DISTRICT  
OFFICE OF THE SUPERINTENDENT OF SCHOOLS  
106 Hancock Road, Peterborough, NH, 03458-1197

Telephone: 603-924-3336

Fax: 603-924-6707

Richard A. Bergeron, Ed.D.  
Superintendent of Schools  
[rbergeron@conval.edu](mailto:rbergeron@conval.edu)

Kimberly Saunders  
Assistant Superintendent of Schools  
[ksaunders@conval.edu](mailto:ksaunders@conval.edu)

**Notification of Intent to Home Educate**

Student Name \_\_\_\_\_ Student Date of Birth \_\_\_\_\_

Name of Parent/Guardian \_\_\_\_\_

Address \_\_\_\_\_

Phone Number (home) \_\_\_\_\_ (work) \_\_\_\_\_

***The parent shall provide an annual education evaluation (see Home School Law – 193A:6, paragraph II, sections a-d)***

A copy of all immunization records or an immunization waiver is required if your child is participating in any ConVal School District academic classes or co-curricular activities.

Signature \_\_\_\_\_

The information below is optional. We appreciate your completing this information as it is needed for our record keeping.

Child's grade during the pending home school year \_\_\_\_\_ Child's gender \_\_\_\_\_

Thank you for your cooperation.

*Mission Statement*

*The ConVal Regional School District, in partnership with its member communities, will inspire all learners to achieve academically, contribute to the global community, and thrive as independent and productive citizens.*

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**Contoocook Valley School District**

**Town of Residence Form**

Dear Parents:

Proper allocation of District expenses makes it important that we determine the Town of Residence for each child as of September in an accurate manner. Therefore, we request that you complete this form and return it to the Superintendent's Office with your signature. A separate form must be completed for each child. If at any time during the school year you move to another town in the District, please be sure to notify this office.

Child's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Resides in the Town of \_\_\_\_\_

Street Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date

\_\_\_\_\_

Signature of Parent/Guardian

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