

APPENDIX 3

HSP1 HOME EDUCATION PROGRAMME FORM

Full name of child		Date of Birth	
Home Address		Names of those with parental responsibility <input type="checkbox"/> Please tick to indicate if the home address is the same as the child	
Postcode		Home telephone number	
Mobile telephone number		Email address	
Date from which you wish to commence Home Education		Current school year	
Is the child a Looked After Child	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please state the name and contact address of the social worker	
Please detail any special educational needs the child has			
Is the child subject to a statement of special educational needs	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please provide the name of the LEA or Education and Library Board who made the statement of special educational needs	
		Date of statement	

1. Please state your reasons for proposing Home Education for the child.

2. Please provide the child's opinion of the proposal

3. Do you intend to follow the Northern Ireland Curriculum  Yes  No

*Please provide evidence using additional sheets as to how the NI Curriculum will be followed*

3. If you do not intend to follow the Northern Ireland Curriculum, please provide detailed evidence of the programme you wish to follow using additional pages.

4. In the following space, please provide the weekly education programme for your child

Day of the week	Session 1	Session 2	Session 2	Session 4	Session 5
	<i>Please provide times of each session below</i>				
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					

5. Total number of house per week this programme will entail \_\_\_\_\_

6. Other information you wish to provide

7. Board Involvement

- i. Are you willing for a board officer to visit your home to monitor the programme being delivered?  Yes  No
- ii. Are you in agreement with the child being present during a visit?  Yes  No

Signed \_\_\_\_\_

Date \_\_\_\_\_

Signed \_\_\_\_\_

Date \_\_\_\_\_

*Names of those with Parental Responsibility*

Signed \_\_\_\_\_

Date \_\_\_\_\_

Child/Young Person