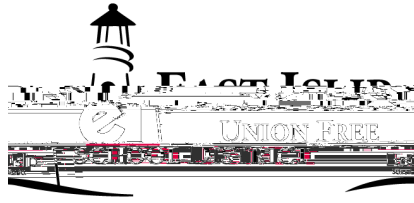


Kristen Rea



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Grades1-6

Home Schooling

CHILD'S INFORMATION		
LAST NAME:		FIRST NAME:
DATE OF BIRTH:		GRADE LEVEL:
PARENT'S INFORMATION		
LAST NAME:		FIRST NAME:
HOME ADDRESS:		Apt. #:
CITY:	STATE: NY	ZIP:
Home Telephone:	Alternate Telephone:	Email Address:

SUBJECTS	Syllabi, curriculum materials, textbooks
Reading	
Spelling	
English Language	

Geography	
United States History	
Science	
Music	
Visual Arts	
and/or English as a second Language where the need is indicated.	
<p>Following subjects to be covered k12:</p> <p>alcohol, drug and</p> <p>highway safety and</p> <p>including bicycle</p> <p>and safety.</p>	

**DATES OF QUARTERLY REPORT SUBMISSION:**

Please indicate the dates you intend to submit quarterly reports. The number of reports should be submit only 3<sup>rd</sup> and 4<sup>th</sup> quarterly reports).

***Include in the quarterly report:***

1. The total number of hours of instruction (per quarter, ~~E2500314170006 1119 77 0911270811 0006102371.0018~~

