

## Notification of Completion of a Home Education Program

Date \_\_\_\_\_

Commissioner of Education  
New Hampshire Department of Education  
25 Hall Street  
Concord, NH 03301-3860

Dear Commissioner,

This is notification that the following student completed the equivalent of high school in accordance with RSA 193:1, I (f)(2), RSA 193-A, and Ed 315.

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Effective date \_\_\_\_\_

Name of parent(s) \_\_\_\_\_

Address of parent(s) \_\_\_\_\_

Daytime phone number of parent(s) \_\_\_\_\_

Signature of parent \_\_\_\_\_