

# Homeschooling Exemption Request

School year (e.g., 2020-2021): \_\_\_\_\_ - \_\_\_\_\_

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## Information on the parents or legal guardian

Name of parent(s) or legal guardian: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Name of the person who will be doing the teaching, if different from parent/guardian:

\_\_\_\_\_

The information you provide is collected under subsection 16(2) of the *Education Act* to confirm that your child is receiving effective instruction and can be exempted from attending school. This information is the official record of your child's education. This information is subject to the *Right to Information and Protection of Privacy Act*. It will be kept until your youngest homeschooled child turns 21 (the maximum age at which a person would normally benefit from free schooling). After that period, they will be kept in accordance with the records conservation and destruction schedule under the authority of the *Archives Act*.

School district: \_\_\_\_\_

Please complete the following sections for each child who will be homeschooled:

Name of child	Date of birth dd/mm/yyyy	Last school attended	School the child would have gone to this year	Grade this year

## Public Education Waiver

*I recognize that by homeschooling my children, they will no longer benefit from the services of the public education system. I recognize that homeschooled children are not eligible for a New Brunswick high school diploma. I recognize that it is my responsibility to take note of the admission requirements of homeschooled children to the post-secondary institution that my child may wish to attend in the future.*

*I accept full responsibility for the education of my child(ren) and declare that the education will include the following:*

1. *Effective instruction*
2. *A work plan that provides sufficient time for learning*
3. *A space dedicated to learning for formal teaching moments*
4. *Appropriate and sufficient material and human resources*
5. *Effective assessment of learning progress (if this includes participating in provincial assessments, please notify the school district by the end of September)*
6. *Instruction in all areas that allow overall development*
  - a. *French and Literacy*
  - b. *Mathematics*
  - c. *Social Studies*
  - d. *Science and Technology*
  - e. *Second Languages*
  - f. *Arts Education*
  - g. *Physical Education*
  - h. *Personal and Social Development*
7. *Putting into action a career and life plan*
8. *Opportunities for socialization*

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*As a parent or legal guardian, I declare that all the information I have provided is correct.*

*Name of parent(s)/guardian:* \_\_\_\_\_

*Signatures:* \_\_\_\_\_

*Date:* \_\_\_\_\_

**Under section 40.2 of the *Education Act*, the Minister will investigate when there are reasonable grounds to believe that a person of compulsory school age is not receiving effective instruction.**

Date of the first meeting with someone from the school district: \_\_\_\_\_

Person representing the school district: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Meeting format: \_\_\_\_\_

Please contact the appropriate francophone school district to inquire about the e-mail address where the exemption request is to be sent:

DSF - NO (north-west): (506) 737-4562

DSF - NE (north-east): (506) 394-3400

DSF - S (south): (506) 856-3333

**Thank you for your cooperation.**

For use by school district office only

**Avez-vous des informations qui vous portent à croire que ces enfants ne seront pas soumis à un enseignement efficace, contrairement à la déclaration signée par le (les) parent(s) ou le tuteur?**

***Do you have any information that leads you to believe that these children will not receive effective instruction, contrary to the declaration signed by the parent(s) or guardian?***

**Oui. Veuillez spécifier: *Yes. Please specify:*** \_\_\_\_\_

**Non. *No.***

**Nom de la personne représentant le district scolaire / *Name of the person representing the school district:*** \_\_\_\_\_

**Titre de la personne représentant le district scolaire / *Title of the person representing the school district:*** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_