

CNMI Public School System Home Study Packet Checklist

Please submit the following list of items below:

Date Submitted	Requirement	
	Letter of Request	
	Complete Application Form	
	Parent's ID	
	Child's Birth Certificate	
	Daily Instructional Schedule	
	Police Clearance of the Tutor	
	Tuberculosis Clearance of the Tutor	
	Teaching Certificates/Diploma/Transcript of Tutor (If Any)	
	Map to the House	

For Official Use Only:

Department	Status	Name and Signature of Department Official
Office of Curriculum and Instruction	Approved/Disapproved	
Office of Student & Support Services	Approved/Disapproved	
Office of Accountability, Research, and Evaluation	Approved/Disapproved	
Office of the Commissioner of Education	Approved/Disapproved	



CNMI Public School System

Home Study Application Form

School Year	Grade Level

A. Student Information:

First Name	Last Name	M.I.

Age	Date of Birth	Gender

B. Parent's Information:

Mother's Name	Father's Name	

C. Contact Information:

Home Address:

Street Number and Name	Village
	Zin Code
City	Zip Code

Mailing Address:

P.O. Box Number	
City	Zip Code

Email of Parent/s

Contact No.



CNMI Public School System

Home Study Application Form

D. Information about the Home School Teacher/Tutor:

First Name	Last Name	M.I.

Home Address: Street Number and Name Village City Zip Code

Mailing Address:

P.O. Box Number	
City	Zip Code

Email of Tutor	Contact No. of Tutor

Description or Qualification of Home School Teacher or Tutor



CNMI Public School System Home Study Application Form

E. Proposed Schedule

Day/s	Time	Activity

F. Proposed Curriculum

Title	Description	For Official Use Only: (Met/Not Met)	Signature of OCI Program Manager

Date:_____

Dr. Alfred Ada,Ed.D. Commissioner of Education CNMI Public School System

Re: Request Letter for Home Study Program

Dear COE _____:

This letter is to request for your approval for the home study program of my child

_____(name of child). I have attached a copy of the Home

Study application form and other requirement for your consideration. The curriculum that I plan

to use is ______. I understand that I need to report and

submit my child's quarterly grades and progress to the Office of Accountability, Research, and

Evaluation for accountability purposes.

I am hoping for your approval on this request as early as possible.

Sincerely yours,

Parent Name and Signature