

REGULATION 5020-R, STUDENTS - HOME SCHOOLS

**CAMPBELL COUNTY SCHOOL DISTRICT
STANDARDIZED FORM FOR REPORTING
BASIC ACADEMIC PROGRAM TO BE PROVIDED THROUGH HOME BASED EDUCATION**

1. DATE:

2. PARENTS OR GUARDIANS:

Names:

Mailing Address:

Physical Address:

Phone Number:

3. CHILDREN OF COMPULSORY ATTENDANCE AGE, as defined by WS 21-4-102(a), who will participate in the home-based program:

Name	Birth Date	Program Type* (A or B see below)
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4. TYPE OF PROGRAM:

***Program A.** Correspondence, Satellite Schools, Internet Program, or Single Publisher: For children instructed at home by parents, guardians, or assigned tutors. The educational program is provided using the services of a correspondence or satellite school, Internet programs, or a single publisher or supplier using curriculum materials and a basic course of study.

Name of School/Program/Supplier:

Address:

Phone Number:

Name of principal contact person

***Program B.** Individually Compiled Curriculum: For children instructed at home by parents, guardians, or assigned tutors using a basic course of study and curriculum materials designed and/or compiled by the parents, guardians, or tutor. List major suppliers of basic academic educational materials.

Subject Area	Name of Supplier	Address of Supplier
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Mathematics

Social Studies (civics, history)

Language Arts (literature, reading, writing)

Science

5. Keeping in mind that home-based educational units are required to be in session during the entire time that the public schools shall be in session, @ please specify the daily schedule you will follow to teach your child(ren) in the academic year:

The curriculum designated above will be taught by:

6. Do you wish to be contacted when the District plans its Consolidated Grant Application in the spring?

Yes No

7. Do you wish to participate in Title I activities? Your child(ren) may participate in various assessments such as MAP, DIBELS, and PAWS. Yes No

8. Do you wish to participate in Title IV-B, 21CCLC activities – Your child(ren) may participate in these comprehensive enrichment programs. Yes No

I hereby certify that the above basic academic program provides a sequentially progressive curriculum of fundamental instruction in mathematics, social studies, science, and language arts.

I further certify that the above home-based education program will include only children from one family. Finally, I understand that completion of a home-based education program does not entitle my child to receive a diploma from Campbell County School District #1.

Signature of person completing form: _____

Signature of parent or guardian: _____

School year: 20__-20__

ADOPTION: Adopted April 8, 1986; Revised January 2, 1988; Revised February 22, 1993; Revised August 9, 2006; Revised August 7, 2007; Revised August 11, 2009; Revised August 11, 2010; Revised July 19, 2011; Revised July 20, 2012; Revised July 31, 2013; Revised July 31, 2014; Revised July 31, 2015; Revised August 25, 2015; Revised July 28, 2016

LEGAL REFERENCE(S): Sections 21-4-101 and 21-4-102 of Wyoming Education Code of 1969 as amended

CROSS REFERENCE(S): 5020

ADMINISTRATIVE REGULATION:

Please return completed form to: Campbell County School District - P.O. Box 3033 - Gillette, WY 82717. Please call (307) 682-5171 if you have questions.

Signature of Private/Home School Official: _____

** This signature does not constitute an endorsement of the programs or projects being purposed*

Title: _____

Telephone: _____

Date: _____