CAMPBELL COUNTY SCHOOL DISTRICT

STANDARDIZED FORM FOR REPORTING

BASIC ACADEMIC PROGRAM TO BE PROVIDED THROUGH HOME BASED EDUCATION (ONE CHILD PER FORM)

Date:	School Year	<u> </u>
Parents or Guardians:		
Names:		
Mailing Address:		
Physical Address:		
Phone Number:		
School year:		
Student who will be participating in a home-ba	sed program:	
Name:		
Birth Date:		
Program Type* (A or B see below)		
*Program A. Correspondence, Satellite Schools, instructed at home by parents, guardians, or assigusing the services of a correspondence or satellite supplier using curriculum materials and a basic concept Name of School/Program/Supplier:	gned tutors. The educationa e school, Internet programs, ourse of study.	I program is provided or a single publisher or
Address:		
Phone Number:		
Name of principal/contact person		
*Program B. Individually Compiled Curriculum: For assigned tutors using a basic course of study a the parents, guardians, or tutor. List major supplies	nd curriculum materials des	igned and/or compiled by
SUBJECT AREA	SUPPLIER NAME	SUPPLIER ADDRESS
Mathematics		
Social Studies (civic, history)		
Language Arts (literature, reading, writing		
Science		
The curriculum designated above will be taught by:		

cademic year:	laily schedu	session during the entire time that the public alle you will follow to teach your child in the
3. Do you wish to be contacted when the Dispring?	istrict plans Yes	its Consolidated Grant Application in the No
4. If eligible, do you wish to participate in Tit	le IV-b, 21C	CLC activities?
	Yes	No
5. If eligible, do you wish to participate in Title	e I activities	?
	Yes	No
6. Do you wish to participate in various distric	t and state a	assessments?
	Yes	No
I hereby certify that the above basic acade of fundamental instruction in mathematics,		m provides a sequentially progressive curriculum les, science, and language arts.
	n of a home	program will include only children from one e-based education program does not entitle my ool District.
Signature of person completing form:		
Signature of parent or guardian:		
Please print name:		<u></u>
Please return completed form to: Campl 1000 W 8th Street, PO Box 3033, Gillette have guestions.		
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Office Use Only		
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Office Use Only		urams or projects being purposed
Office Use Only Signature of Private/Home School Official	ent of the prog	
Office Use Only Signature of Private/Home School Offician * This signature does not constitute an endorsement	ent of the prog	