

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

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:

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.