

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: _____

Parents or Guardians:

Names: _____

Mailing Address: _____

Physical Address: _____

Phone Number: _____

School year: _____

Student who will be participating in a home-based program:

Name: _____

Birth Date: _____

Program Type* (A or B see below) _____

1. 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	SUPPLIER NAME	SUPPLIER ADDRESS
Mathematics		
Social Studies (civic, history)		
Language Arts (literature, reading, writing)		
Science		

The curriculum designated above will be taught by: _____

