

## Annual Notification of Established Home Study

This form must be completed each year at least 14 days prior to the establishment of a non-public home-based educational program and submitted to the Director of Student Services. This form does not need to be filled out for <u>public online</u> educational programs.

1.	School Year:	
2.	Grade Level:+	
3.	Legal Full Name of student:	
4.	Student's Place of Residence:	
5.	Age and Date of Birth of Child to be taught:	
6.	Number of hours of attendance of child enrolled in program:	
7.	Number of days of attendance in the school year:	
8.	Assurance: The undersigned hereby certifies that:	
maintai shall in records	ne records of each child participating in a non-public home-based educational prained on a permanent basis by the parent in charge and in control of said progranclude, but need not be limited to, attendance data, test and evaluation results, and s, as required by sections 25-4-901-,25-4-902 and 25-4-903, C. R. S. Such reced to the Director of Student Services upon 14 days' written notice from the super	m. The records d immunization ecords shall be
informa 11th). A district Parents 9. and correct to Bill 56 in the	Each child participating in a home-based program will be required to provide ation to the Office of Student Services every 2 years starting in 3rd grade (3rd, 5). Assessments are at your own expense. Your local school district may allow you and state assessments, although they are not obligated to do so and there may ts are responsible for contacting your local school regarding testing schedules.  AFFIRMATION: I/We hereby affirm that the information given in this ANNUAL Note to the best of my/knowledge and belief and the I/we will adhere to the provisions separation of a home school.	oth, 7th, 9th and to participate in be extra costs. Notification is true et forth in Senate
10. Paren	nt nameSignature	_
Phone	Date	
Parent nar	meSignature	_
Phone	Date	
Please m	nake sure you have signed the school withdrawal forms from your student's	s current schoo
Please co	ontact the school secretary. Please mail this form to MCSD Student Service	es, 600 Texas

Ave., Craig CO 81625.