Douglas County School District
Learn today. Lead tomorrow.

Notification of the Establishment of a Home-based Educational Program 2015-16 School Year

To comply with guidelines of Colorado State law (C.R.S. 22-33-104.5), please complete the following information for our records. Written notification must be re-submitted to the school district each year the home school program is maintained after initial year.

Student Information

Child's Legal Name: _____ | _____
First Middle Last Nickname

Child's Gender: **M** **F** Birth Date: _____Child's Age: _____ Grade for the **2015-16** School Year_____

Notice to Parents and Students: Parents and students should be aware that if they choose not to answer the two-part question, school districts are required to identify an ethnicity and race on behalf of the student, based on several factors, including observation, in accordance with U.S. Department of Education and Colorado Department of Education Guidelines.

Part A: Is the student **Hispanic/Latino**? (Choose only one)

- ☐ NO. **Not Hispanic**
- ☐ YES. **Hispanic/Latino** (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race).

The above part of the question is about ethnicity, not race. NO matter what you selected in Part A above, please provide an answer to Part B by marking one or more boxes below to indicate what you consider your child's race to be.

Part B: Which of the following groups describe the student's race? (Choose all that apply)

- ☐ **American Indian or Alaskan Native -** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- ☐ **Black or African American -** A person having origins in any of the black racial groups of Africa.
- ☐ **Asian –** A person having origins of any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodeia, China, India, Japan, Korea, Malaysia, Pakistan, the Phillippine Islands, Thailand, and Vietnam.
- ☐ **Native Hawaiian or Other Pacific Islander –** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- ☐ **White –** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

Parent/Guardian Info

Mother's/Step-Mother/Guardian's Name: _____

Father's/Step-Father/Guardian's Name: _____

Physical Address: _____

Contact Phone Number: _____E-mail: _____

Home Education/School Experience

If child is currently enrolled in a public, private or parochial school, please indicate the date the child will be withdrawn from that school: _____ Date child will begin homeschooling: _____

If dual enrolled, name of school: _____

(Please submit a Dual Enrollment Application to requesting school. Two class minimum is required for dual enrollment)

Planned number of hours of instruction: _____hours per day: _____days **per school year**

Where will standardized test(s), required for grades 3,5,7,9, and 11, will be filed (name of district, private or parochial school):

_____

	New to Home Education – Check appropriate box below		**Renewal Notification – Check appropriate box below**
	Entering Kindergarten		
	Previously enrolled in Douglas County Name of last school attended:		Previously enrolled in Douglas County Name of last school attended:
	Previously enrolled in another school district in Colorado Name of CO district school:		Previously enrolled in another school district in Colorado Name of CO district school:
	Previously enrolled in another state/county Name of state/county:		Previously enrolled in another state/county Name of state/county:
	Previously enrolled at a private/parochial school: Name:		Previously enrolled at a private/parochial school: Name:

Parent/Guardian Signature: _____ Date: _____

Please return form to: SkyView Academy attn.: Vicky Schleining
6161 Business Center Drive
Highlands Ranch, CO 80130

OFFICE USE ONLY:
Student #: _____
Date of Enrollment: _____