

**HOME-BASED EDUCATION INTENT NOTICE for SCHOOL YEAR \_\_\_\_\_**

**Please notify your current school if this is a change in enrollment**

**HOME-BASED EDUCATIONAL PROGRAMS FOR CHILDREN**

C.R.S. § 22-33-104.5 – Home-based education – legislative declaration – definitions – guidelines. (1) The general assembly hereby declares that it is the primary right and obligation of the parent to choose the proper education and training for children under his care and supervision. It is recognized that home-based education is a legitimate alternative to classroom attendance for the instruction of children and that any regulation of non-public home-based educational programs should be sufficiently flexible to accommodate a variety of circumstances. The general assembly further declares that non-public home-based educational programs shall be subject only to minimum state controls which are currently applicable to other forms of non-public education.

(3) (e) Any parent establishing a nonpublic home-based educational program shall provide written notification of the establishment of said program to a school district within the state fourteen days prior to the establishment of said program and each year thereafter if the program is maintained. The parent in charge and in control of a nonpublic home-based educational program shall certify, in writing, only a statement containing the name, age, place of residence, and number of hours of attendance of each child enrolled in said program.

Name of student(s): \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_  
(optional information)

\_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_  
(optional information)

Street address of residence: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number: \_\_\_\_\_  
(Home-optional information) (Work-optional information)

Number of days/hours of attendance yearly: \_\_\_\_\_  
(Required: 172 days at 4 hours/day = 688 hours)  
C.R.S. § 22-33-104.5 (3) (c)

Required testing or evaluation results for my children in grades 3, 5, 7, 9 and 11 will be filed with Academy School District 20. (Please file test results no later than August 1<sup>st</sup> after the child completes the grade requirements.)

Parent name: \_\_\_\_\_ Parent name: \_\_\_\_\_  
**(Please print)** **(Please print)**

Signature: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Does your student currently have an Individualized Education Program (IEP)? Yes \_\_\_\_\_ No \_\_\_\_\_**

**Reminder: Colorado Law provides that a school district is not required by IDEA to provide special education and related services for students receiving home-based education. If you have questions about this process, please contact Bob Barrows, Executive Dir. for Special Education, 234-1324.**